

Abstract

Cite this article: (2020). E-Poster Viewing. *European Psychiatry* 63(S1), S283–S589. <https://doi.org/10.1192/j.eurpsy.2020.6>

Addictive disorders

EPV0001

RANZCP position: e-cigarettes and vaporisers

J. Allan

Royal Australian and New Zealand College of Psychiatrists, President, Melbourne, Australia

Introduction: People living with mental illness are more likely to smoke and tend to smoke more heavily than the general population. They are less likely to succeed during a smoking cessation attempt. People with mental illness experience significantly poorer physical health outcomes too; smoking is the leading cause of this. Tobacco harm reduction is an essential component of any policy framework that aims to improve health outcomes for people who smoke.

In 2018, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) published a position statement on e-cigarettes which supports the legalisation and regulation of nicotine containing e-cigarettes to facilitate their use as harm reduction tools.

Objectives: To provide an overview of the RANZCP position on e-cigarettes and vaporisers.

Methods: Relevant studies were sourced from the published literature and reviewed by members of the RANZCP Faculty of Addiction Psychiatry. The position statement was subject to rigorous consultation and review within the RANZCP.

Results: The statement provides an overview of the RANZCP position on e-cigarettes. The position statement recognises the potential harm which use of such products may entail and therefore encourages further research to clarify the nature and extent of harm associated with e-cigarettes given recent safety concerns, as well as the role they may play in smoking cessation.

Conclusions: In recognition of the disproportionately high smoking prevalence, and low quit rates, among people living with mental illness, the RANZCP supports the legalisation and regulation of nicotine containing e-cigarettes to facilitate their use as harm reduction tools.

Conflict of interest: No

Keywords: e-cigarettes; vaporisers

EPV0002

The relationship between alexithymia and suicide among moroccan patients with substance use disorders

K. Karjoui¹, F.-Z. Azzaoui^{2*}, A.O.T. Ahami³, H. Hami⁴ and S. Boulbaroud⁵

¹Unit of Cognitive and Behavioral Neuroscience and Applied Nutrition, Faculty of Science, Department of Biology, KENITRA, Morocco; ²Unit of Cognitive and Behavioral Neuroscience and Applied Nutrition, Faculty of Science, Department of Biology, kenitra, Morocco; ³Unit of Cognitive and Behavioral Neuroscience and Applied Nutrition, Faculty of Science, Department of Biology, Kenitra, Morocco; ⁴Laboratory of Genetics and Biometry, Faculty of Science, Ibn Tofail University, Department of Biology, Kenitra, Morocco and ⁵Polydisciplinary Faculty- Sultan Moulay Slimane University, Polydisciplinary Faculty, Benimellal, Morocco

*Corresponding author.

Introduction: The substance use disorders (SUD) are a major public health problem around the world. Different neuropsychological impairments can appear during this disorder, such as the alexithymia syndrome and suicidal ideations and behaviors, that both constitute risks that threat these patients.

Objectives: To estimate the prevalence of alexithymia among drug addicted patients and to determine the relation between alexithymia and suicidal ideation and factors associated with suicidal ideation among drug addicted patients.

Methods: A sample of 152 drug addicted patients (77% Male and 23% F), whom respond to socio-demographic questionnaire are recruited to this study. Alexithymia is measured by Toronto Alexithymia Scale-20 (TAS-20), suicidal ideation and behaviours are measured by Columbia-Suicide Severity Rating Scale (C-SSRS).

Results: Among substance-dependent patients 46.7% was considered as a group with alexithymia. Rates of being single and unemployed were higher in the alexithymic group, but current age, age at first substance use and educational status were lower. A significant correlation was found

© The Author(s) 2020. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted re-use, distribution, and reproduction in any medium, provided the original work is properly cited.



EUROPEAN PSYCHIATRIC ASSOCIATION

between TAS 20, its factors and C-SSRS. Almost more than two thirds of alexithymic drug addicted patients have suicidal ideation and behaviours. It was found also, that TAS 20 total scores predicted C-SSRS scores.

Conclusions: SUD patients with intensive suicidal ideation and behaviours accompanied with alexithymia are characterized by the inability to communicate feelings. Therefore, suicidal ideation and behaviours may occur in those patients without expressed suicide message. Based upon the findings, alexithymia may be a good predictor of suicidal ideation and behaviours for preventing suicidal attempts in patients with drug addiction.

Conflict of interest: No

Keywords: Suicide; Addiction; Morocco; Alexithymia

EPV0003

Suicidality in a sample of patients with gambling disorder

C. Carmassi¹, F.M. Barberi^{1*}, V. Dell'Oste¹, C.A. Bertelloni¹, I. M. Cremona¹, V. Pedrinelli¹, A. Cordone¹, P. Mannari², E. Pioli², A. Maglio¹ and L. Dell'Osso¹

¹University of Pisa, Department of Clinical and Experimental Medicine, Pisa, Italy and ²Asl Toscana Nord Ovest, SerD, Lucca, Italy
*Corresponding author.

Introduction: Emerging evidence suggests how individuals with Gambling Disorder (GD) may show an increased risk for suicide and suicidal ideation compared with the general population.

Objectives: The aim of this study was to first explore the relationship between GD and suicidality in a sample of patients attending a specific program for GD in the Center for pathological addictions (SerD).

Methods: A sample of 36 patients with GD attending the SerD in Lucca (Italy) completed the Columbia-Suicide Severity Rating Scale (C-SSRS) to assess suicidal ideation and behavior.

Results: Most of the patients were males (33, 89,2%), with a mean age (\pm SD) of $50,6 \pm$ years. A 40.5% of the total sample met at least one C-SSRS item of suicidal ideation at admission and 13.5% of suicidal behavior. Those who had at least one C-SSRS suicidal ideation item had an intensity of ideation mean score of 11.5 / 25 points.

Conclusions: This study corroborates the need for careful investigation and specific prevention of suicidal ideation and attempts in patients with a behavioural addiction, such as GD.

Conflict of interest: No

Keywords: Suicide; Gambling; behavioral addictions; Suicidality

EPV0004

Problematic use of the internet (PUI) and post-traumatic stress spectrum symptoms in patients with bipolar disorder

C. Carmassi, C.A. Bertelloni, F.M. Barberi*, V. Dell'Oste, A. Maglio, A. Cordone, V. Pedrinelli, I.M. Cremona and L. Dell'Osso

University of Pisa, Department of Clinical and Experimental Medicine, Pisa, Italy

*Corresponding author.

Introduction: Recent data showed a high risk for Problematic Use of the Internet (PUI) in patients with mood disorders, especially

Bipolar Disorder (BD). Despite traumatic exposure and Post-Traumatic Stress Disorder (PTSD) have been shown to be associated with alcohol and substance use disorder, as well as behavioral addictions such as gambling disorder among patients with BD, little is known about the possible correlations with PUI.

Objectives: The aim of this study was to examine the relationships between PUI and lifetime trauma exposure, besides Post-Traumatic Stress Spectrum symptoms, in a sample of inpatients with BD consecutively hospitalized at the Psychiatric Clinic of the University of Pisa.

Methods: 113 inpatients with BD completed the Adult Autism Spectrum (AdAS Spectrum), that includes item 66 to assess putative PUI, and the Trauma and Loss Spectrum Self-Report (TALS-SR), to explore lifetime Post-Traumatic Stress Spectrum symptoms.

Results: 21.2% of the sample reported a putative PUI with significantly higher TALS-SR total scores with respect to patients with BD without PUI. The former also reported significantly high scores in some of the TALS-SR domains: Potentially Traumatic Events, Re-experiencing, Maladaptive Coping and Arousal. Furthermore, a positive association emerged between Potentially Traumatic Events and Arousal TALS-SR domains scores and putative PUI.

Conclusions: This study reveals a significant association between PUI and lifetime trauma exposure as well as Post-Traumatic Stress Spectrum symptoms in patients with BD, suggesting the need for accurate evaluation of these subjects and possible targeted treatment.

Conflict of interest: No

Keywords: PTSD; Bipolar disorder; internet addiction

EPV0005

The effect of psychotherapeutic treatment in co-dependent relatives of drug-dependent patients on the efficiency of the treatment-rehabilitation process.

Z. Bereza^{1*} and E. Isaeva²

¹Bechtere Medical Centre, Psychiatry, Saint- Petersburg, Russian Federation and ²Medical State University n.a Pavlov, Psychology, Saint-Peterburg, Russian Federation

*Corresponding author.

Introduction: Due to the lack of methadone maintenance treatment for opioid addicts in Russia, an integrated medical and social rehabilitation is the principal method of medical care of such patients, co-dependence is a number of changes and violations in relations and interactions in families with one or more members suffer substance abuse.

Objectives: The study is devoted to the study of the phenomenon of codependence in the families of drug addicts and the influence of psychotherapeutic correction of co-dependence in mothers on the stability of participation of drug addicts in the complex medical rehabilitation program.

Methods: We examined 61 drug-addicted patients and 61 their mothers, admitted for hospital treatment and agreed to participate in the study. We studied the socio-demographic, Clinical and psychological characteristics of participants and also we collected annual follow-up data.

Results: Drug addicts whose mothers underwent a psychotherapeutic support program, were much more likely to remain in the inpatient rehabilitation program. Kaplan-Mayer survival analysis showed significant differences between the groups in the duration

of patients' participation in the rehabilitation program and the average duration of remission.

Conclusions: The positive effect of the correction of co-dependent behavior patterns in the mothers on the progress of drug addiction rehabilitation programs was revealed. Thus, the duration of participation of a drug addicted family member in the program of treatment and rehabilitation measures was significantly longer in the group of patients whose mothers actively participated in the program of psychotherapeutic support for relatives.

Conflict of interest: No

Keywords: in-patient rehabilitation; co-dependent psychotherapy; co-dependence; complex medical rehabilitation of drug addicts

EPV0006

Age, gender and personality: factors linked with binge-watching

C. Jolly, C. Bristuile* and L. Romo

Université Paris Nanterre, Psychology, Nanterre, France

*Corresponding author.

Introduction: Binge-watching is measured by the time spend weekly to watch series and the number of episodes watched during one viewing session.

Objectives: This study's main goal is to evaluate the weight of personality dimensions, age and genre on Binge-Watching's behaviours.

Methods: Numerous tools were used. The BFI-10 to evaluate the personality, the EPG to evaluate passions, the PIUQ to evaluate the problematic use of series, the QPI to evaluate immersion, and finally the PTQ for rumination. The sample (n = 199) is composed of people watching series ranging from 18 to 30 years old.

Results: Regressions revealed that time spent weekly is predicted by extraversion and gender, whereas the number of episodes watched is predicted by agreeableness, conscientiousness and gender. Other results are not significant and do not allow to make links between variables such as age, neuroticism with Binge-Watching. However, this study shows that gender plays an important role in series related behaviours, and more precisely, that being a woman would predict a consumption of more episodes and a more problematic use of series.

Conclusions: We supposed that Binge-Watching behaviours could be explained and predicted by personality dimensions and more particularly by neuroticism, and by age and gender. Our results do not allow us to confirm or reject our hypothesis because of the lack of significance.

Conflict of interest: No

Keywords: Binge-Watching; Personality; Series; BFI-10

EPV0008

Cannabinoid hyperemesis syndrome: two cases managed for 10 years in ramón y cajal hospital's psychiatry department

I. Caballero^{1*}, A. Correa², S. Guillen¹ and E. Ochoa Mangado¹

¹University Hospital Ramon y Cajal, Psychiatry Department, Madrid, Spain and ²Ramon y Cajal Hospital, Psychiatry, Madrid, Spain

*Corresponding author.

Introduction: Cannabinoid hyperemesis syndrome is a clinical entity characterized by recurrent vomiting associated with chronic cannabis consumption.

Objectives: To expose the causal relation between cannabis intake and the syndrome's symptoms by analyzing the evolution of two cases over the course of more than ten years.

Methods: 25 and 29-year-old males admitted into the Drug Abuse Unit of the Psychiatry Department of Ramon y Cajal Hospital. In both cases, the presenting symptom was projectile vomiting, cyclic, without a clear triggering cause, and that alleviated with hot baths. They also associated muscle spasms, tremor and profuse sweating. Admission to hospital care was necessary in both cases due to dehydration and weight loss (15 and 17 kg in each case). A complete work-up lead by the Internal Medicine and the Gastroenterology Departments came up negative, classifying both cases as psychosomatic.

Results: It is deemed necessary a complete cannabis abstinence, enforced by means of urine drug tests and patient drug-intake diaries. Cannabis cessation lead to an immediate recovery in both patients. However, one of the patients relapsed sporadically, with symptoms reappearing each time a few days after cannabis consumption. The other patient has successfully continued abstinent and has therefore stayed asymptomatic until the present day.

Conclusions: Being cannabis used as an antiemetic treatment, there is a paradoxical effect in susceptible chronic consumers in which nausea and vomiting become recurrent. It has been noticed a causal relationship between cannabis intake and symptoms; abandoning consumption constitutes an effective treatment, but symptoms return with every relapse, even after long periods of abstinence.

Conflict of interest: No

Keywords: chronic users; cannabis; cyclical hyperemesis; vomiting

EPV0009

Could the cloninger's personality characteristics distinguish addiction problems in korea?

S.J. Lee¹ and H. Chae^{2*}

¹Kyungsoo University, Department of Psychology, Busan, Korea, Republic of and ²Pusan National University, School of Korean Medicine, Busan, Korea, Republic of

*Corresponding author.

Introduction: According to the biopsychosocial model of Cloninger, temperament is stable throughout life and basically forms the biological vulnerability of psychopathology, and character is shaped through interactions with environment and pivotal for manifestation of mental disorders.

Objectives: The aim of current study was to investigate the personality characteristics of addiction using Temperament and Character Inventory (TCI), and to explore the personality dimensions which might explain the psychopathological features of addiction.

Methods: Ninety-six participants (74 males and 22 females) consisting of 3 groups (alcohol problem, gambling problem, and healthy control) were recruited from the Greater Busan area, and completed the TCI. Analysis of Covariance (ANCOVA) considering age and sex as covariates and post hoc analysis were conducted to explore the personality difference among groups.

Results: There were significant differences of Novelty Seeking (NS) and Harm Avoidance (HA) temperaments and Self-Directedness (SD) and Cooperativeness (CO) characters. That is, scores of NS and HA in both addiction groups were higher than those in control group, and scores of SD and CO in both addiction groups were lower than those in control group.

Conclusions: This study suggested that the Cloninger's personality dimensions, both temperament and character in combination were

significant for distinguishing those with addiction problems from healthy control. The implication for clinical application was discussed.

Conflict of interest: No

Keywords: Alcohol problem; temperament; gambling problem; Character

EPV0012

A case series of inpatient treatment of GHB/GBL addiction

M. Delic

University Psychiatric Clinic Ljubljana, Center for Treatment Of Drug Addiction, Ljubljana, Slovenia

Introduction: Gamma-hydroxybutyrate (GHB) and its precursor gamma-butyrolactone (GBL) are popular drugs of abuse used for their euphoric, (potential) anabolic, sedative, and amnestic properties. Daily use of GHB/GBL can lead to addiction and the possibility of withdrawal syndrome on cessation which results in tremor, tachycardia, insomnia, anxiety, hypertension, delirium, coma.

Objectives: To describe the baseline characteristics, treatment and retention in patients admitted for GHB/GBL withdrawal management.

Methods: A retrospective review of 4 consecutive cases of patients reporting GHB/GBL addiction who were admitted for inpatient management of withdrawal syndrome.

Results: All patients were using GHB/GBL daily, 1-1.5 ml per hour. One of them was using cannabis additionally, others were using alcohol, cocaine and amphetamine type stimulants. Psychiatric comorbidities as personality disorders, depression, anxiety and bigorexia were recognized. Patients were treated with benzodiazepines and/or clomethiazole, atypical and typical antipsychotics and beta-blockers. Delirium was developed in two patients. One patient completed detoxification and finished the treatment program. One patient completed detoxification but stopped his treatment earlier, two patients did not completed detoxification and left the program.

Conclusions: Conclusion: GHB/GBL withdrawal can be severe and retention in program is poor. Polysubstance use, psychiatric co-morbidities and heavier GHB/GBL use as possible predictors of poor treatment outcome need consideration in treatment planning.

Conflict of interest: No

Keywords: treatment; GHB/GBL; inpatient; withdrawal

EPV0013

Polysomnographic features of opiate use disorder

A. Elsheshai^{1*}, J. Mekky², A. Rady², O. Elkholy² and T. Molokhia²

¹Maamoura Psychiatric Hospital, Psychiatry, Alexandria, Egypt and

²Alexandria Faculty of Medicine, Neuropsychiatry, Alexandria, Egypt

*Corresponding author.

Introduction: There exists four distinct phases of opioid dependence and withdrawal: drug induction, drug maintenance, acute abstinence and protracted abstinence. There are different Sleep architecture changes for each of the 4 phases. Limited evidence is available regarding sleep during acute withdrawal from chronic opioid use.

Objectives: This work aims to determine presence and presentation pattern of polysomnographic features in opiate users as compared to non-opiate substance users.

Methods: The study was conducted on 90 subjects divided into 3 groups Group 1A: 30 patients who were using only opiate agonists Group 1B: 30 patients who were polysubstance users Group 2: 30 controls matched for gender and age Patients will undergo: 1. Physical and mental state examinations.

2. Demographic data and characteristic of the illness including severity using Addiction Severity Index.

3. Urine drug screen test.

4. polysomnographic tracing

Results: Total sleep time was reduced in Multi-drug users. There was a reduction in Sleep efficiency and stage 1 NREM sleep in both patient groups. There was an increase in slow wave sleep in the opiate-only users. REM percentage was reduced in cases as compared to controls with a more pronounced reduction in Multi-drug users than opiate-only users. Respiratory disturbance index was higher in both subject groups than in controls with no difference between the opiate-only and polysubstance users. Sleep latency was reduced in polysubstance users. REM latency was increased in opiate-only users.

Conclusions: Analyzing PSG data found that total sleep time, sleep efficiency and NREM stages 1 and 2 were significantly reduced in sample group compared to controls

Conflict of interest: No

Keywords: Addiction; polysomnography; sleep architecture; substance use

EPV0014

Protracted abstinence syndrome in recovering opiate addicts

A. Elsheshai^{1*}, J. Mekky², A. Rady², O. Elkholy² and T. Molokhia²

¹Maamoura Psychiatric Hospital, Psychiatry, Alexandria, Egypt and

²Alexandria Faculty of Medicine, Neuropsychiatry, Alexandria, Egypt

*Corresponding author.

Introduction: Addiction is a long lasting recurring disorder that consists of compulsive drug seeking and use. 80% of sufferers relapse to drug seeking and use after a period of withdrawal and abstinence during what is known as the protracted withdrawal phase. The chronic nature of this compulsion and the high rates of recidivism present a challenge for effective treatment.

Objectives: To describe symptoms associated with protracted abstinence from opiates in recovering addicts

Methods: The was a longitudinal study that was conducted on 60 subjects divided into 2 groups: 30 opiate-only users and 30 polysubstance users.

Baseline visit included assessment for psychiatric morbidity and addiction severity using Addiction Severity Index (ASI)

6 monthly visits were made to assess 3 characters of protracted abstinence syndrome, namely:

1. Hamilton Depression Rating Scale (HDRS) to assess depressed mood and anxiety

2. Obsessive Compulsive Drug use Scale (OCDUS): to assess craving

3. Somatic Symptom Scale-8: The SSS-8 is used to assess somatic complaints

Results: HDRS scores were higher in opiate-only users. There was a higher score of OCDUS in polysubstance drug users that showed a slow decline that was still significantly higher in this group than in the opiate only users in most follow-up visits. SSS-8 showed a higher score in protracted withdrawal syndrome in polysubstance users.

Conclusions: As regard HDRS Results show a higher score in group A Initially that rapidly dissipates after 3 months of followup. Group B shows high OCDUS scores over the entire period of follow-up while somatization scale is mostly significantly increased in group B as well.

Conflict of interest: No

Keywords: substance use; opiate; Relapse prevention; Addiction

EPV0017

Addictive behavior and free will: from philosophy to neurobiology

V. Froes*, H. Afonso, S. Esteves, M. Carneiro, S. Torres, J. Vilas Boas and Z. Gameiro

Centro Hospitalar Barreiro Montijo, Psiquiatria E Saúde Mental, Barreiro, Portugal

*Corresponding author.

Introduction: Addictive behavior is characterized by impaired control, social impairment and risky use of a substance. Instead of achieving reward system activation through adaptive behaviors, drugs of abuse directly activate the reward pathways. The individual continues using the substance despite significant substance-related problems. The question behind is, if when you are addicted to something are you free to stop?

Objectives: Our aim is to look for changes in addictive brain that can lead to a loss of free will.

Methods: From philosophy to neurobiology the authors did a non systematic review in pubmed with the words: "addiction", "free will", "reward system".

Results: In history of psychiatry some authors like Freud with psychodynamic and Watson with behaviorism deny the existence of free will. Others think in fact, although there are some conditionings, free will is a separated category. Aristotle defines 'free will' as 'the strongest control condition - whatever that turns out to be— necessary for moral responsibility'. In addictive behavior, what was at first time a free choice, became, a habit, that change neuroplasticity of the brain. In PET-scan studies it was found, that in the beginning there is an activation of nucleo accumbens, ventral striatum and ventromedial pre frontal cortex. Then there is a migration of activation to dorsal striatum and orbitofrontal cortex. There is a disruption of dopaminergic areas in the prefrontal cortex, reason why the patients can't inhibit their behavior.

Conclusions: Better understanding of neurobiology of addiction can help us to underline that is a disease of free will.

Conflict of interest: No

Keywords: free will; reward system; Addiction

EPV0024

The feeling of guilt experienced by adults whose parents were alcohol addicts (case-study research)

A. Lutsenko^{1*} and A. Spivakovskaya²

¹Moscow State University, Psychology, Moscow, Russian Federation and ²Lomonosov Moscow State University, Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: The feeling of guilt has been studied less than primary emotions because it cannot be directly observed. A lot of

research shows that adults whose parents were alcohol addicts usually feel guilty, but these investigations were conducted on individuals who suffered from alcohol addiction.

Objectives: The purpose of our research was to investigate the feeling of guilt experienced by adult people whose parents were alcohol addicts.

Methods: Abstract is printed with the permission of the study participants. The study was conducted in the period from October 2018 to March 2019. We used a lot of qualitative methods (analysis of TAT, a phenomenological analysis of the transcripts of the public meetings 12-step recovery program, phenomenological analysis of interviews). The participant was 27years woman A.K. whose mother was alcohol addict.

Results: The feeling of guilt is manifested both in the conversation and in the description of TAT tables. The girl feels guilty of responsibility for the fact that she could not cope with her duties (to save the family, to save the mother from alcoholism). Feelings of guilt is associated with the fear of the death of close relatives. Feelings of guilt is manifested by the girl in the behavioral (the girl often asks for forgiveness from her mother) and emotional components (the girl experiences depression, suffering and regret when she speaks about mother's alcoholism).

Conclusions: Based on our research results, we suggest that the feeling of guilt may be one of the factors that prevent a person from building trusting relationships in his own family.

Conflict of interest: No

Keywords: guilt; 12-step recovery program; Alcohol addiction; dysfunctional family

EPV0025

The negative emotions experienced by adults whose parents were alcohol addicts

A. Lutsenko^{1*} and A. Spivakovskaya²

¹Moscow State University, Psychology, Moscow, Russian Federation and ²Lomonosov Moscow State University, Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: A lot of research shows that adults whose parents were alcohol addicts usually feel guilty, but these investigations were conducted either on mentally ill people, or on individuals who suffered from alcohol or other addictions. In cognitive psychology, the guilt is investigated as a result of attributing to oneself the causality of events.

Objectives: The purpose of our research was to investigate the feeling of guilt experienced by adult people whose parents were alcohol addicts.

Methods: The sample consisted of 52 subjects, they were participants in a 12-step program for adult people whose parents were alcohol addicts, and 50 controls. We investigated that there are significant differences between the feelings of guilt experienced by adult people from healthy families versus adult people whose parents were alcohol addicts. We used the two groups of methods: 1) guilt questionnaires ("The Interpersonal Guilt Questionnaire", "The Guilt Inventory Questionnaire", 2) qualitative methods (analysis of TAT).

Results: The feelings of guilt experienced by adults whose parents had alcohol addiction scored significantly higher than the feelings of guilt in people from control group ($p=0,038$). The feelings of guilt were connected with the sense of responsibility. People whose parents had alcohol addiction felt guilty in situations when they

took care of somebody and did not know how to do this because their parents did not take care of them.

Conclusions: Based on our research results, we suggest that the feeling of guilt may be one of the factors that prevent a person from building trusting relationships in his own family.

Conflict of interest: No

Keywords: guilt; Alcohol addiction; shame; negative emotions

EPV0027

The bridge between classical and 'synthetic'/chemical psychoses: towards a clinical, psychopathological and therapeutic perspective

L. Orsolini

University of Hertfordshire, Psychopharmacology Drug Misuse and Novel Psychoactive Substances Research Unit, Herts, Italy

Introduction: The critical spread and dissemination of novel psychoactive substances (NPS), particularly amongst the most vulnerable youngsters, may pose a further concern about the psychotic trajectories related to the intake of new synthetic drugs. The psychopathological pattern of the 'new psychoses' appear to be extremely different from the classical presentation. Therefore, clinicians need more data on these new synthetic psychoses and recommendations on how to manage them.

Objectives: The present mini-review aims at deepening both the clinical, psychopathological features of synthetic/chemical NPS-induced psychoses and their therapeutic strategies, according to the different NPS classes implicated, by underlining the main differences with the 'classical' psychoses.

Methods: A comprehensive review was carried using the PubMed/Medline database, by combining the search strategy of free text terms and exploding a range of MESH headings relating to the topics of Novel Psychoactive Substances and Synthetic/Chemical Psychoses as follows: ((Novel Psychoactive Substances[Title/Abstract]) AND Psychosis[Title/Abstract])) and for each NPS categories as well, focussing on synthetic cannabinoids and cathinones, without time and/or language restrictions.

Results: An overview of the main Clinical and psychopathological features between classical versus NPS-induced chemical/synthetic psychoses is provided for clinicians working with Dual Disorders and Addiction Psychiatry. A proposal of psychopathological and clinical-classification of NPS-induced psychoses has been here provided.

Conclusions: Further insight is given here on therapeutic strategies and practical guidelines for managing patients affected with synthetic/chemical NPS-induced psychoses.

Conflict of interest: No

Keywords: Synthetic psychosis; psychosis; Novel Psychoactive Substances

EPV0028

The role of day hospital in the treatment of dual pathology

Á.J. Palma Conesa*, Á. Represa Martínez, J. Moreno Bustos and C. Merino Del Villar

Àrea de Salut Eivissai Formentera, Psychiatry, Ibiza, Spain

*Corresponding author.

Introduction: The World Psychiatric Association (WPA) refers by Dual Pathology (DP) to people "with both an addictive disorder and another mental illness." The World Health Organisation (WHO) advocates for community treatment in mental health.

Objectives: To present the innovative program of partial hospitalization for DP designed in the Àrea de Salut Eivissa Formentera (ASEF) meeting WPA and WHO recommendations.

Methods: The intervention is structured in individual and group sessions from a medical, psychological and social approach. Four hours per day of intensive therapy are designed for each user in a modular structure based on the principles of motivational interviewing (MI), dialectical behavioral therapy (DBT), mindfulness-based relapse prevention (MBRP), metacognitive training (MCT) and rehabilitation programs. Individual consultations are also scheduled regularly. Sociodemographic and clinical data are evaluated. Results from the intervention in terms of symptoms, functional recovery and agreed individual objectives are evaluated for each user after three months.

Results: Since its opening in June 2019, a total of 8 users have benefited from admission to the program. The outcomes measured so far show a positive impact of the intervention in functional recovery.

Conclusions: The partial hospitalization program combines an intensive medical and psychological treatment with the possibility of testing and adapting the new treatments and skills to the real milieu of the users. It is still soon to evaluate the wider impact of this pioneering intervention, but the initial implementation indicates positive consequences in the global recovery of the users and their ability to adapt both to their environment and their personal life goals.

Conflict of interest: No

Keywords: dual pathology; partial hospitalization; hospital day clinic

EPV0029

Life-meaningful orientations and coping styles in women from dysfunctional families

E. Pervichko*, S. Kshniankina and J. Koniukhovskaia

Lomonosov Moscow State University, Faculty of Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: The severity of psychological disturbances and mental disorders in adults who grew up in alcoholic families make it extremely urgent to develop effective psychotherapeutic programs for them. Besides, the topic of maintaining women's health is one of the priorities of modern Medicine and psychology.

Objectives: This study aims to assess the psychological effects of the program «Adult children of alcoholics» (Twelve-step program) for Russian women who grew up in alcoholic families.

Methods: The study involved 80 women who grew up in alcoholic families aged 18 to 44. Participants performed the following assessment: "Purpose-in-Life Test" (Leontiev, 2000), "The Coping Strategy Indicator" (Amirkhan, 1990), The Reflexivity Test (Karpov, 2003), The Test of the Personal Self-conception (Stolin, Panteleev, 1998), State-Trait Anxiety Inventory (Spielberger, et al., 1983), Beck Depression Inventory.

Results: Women attend the twelve-step program for more than 2.5 years differ from women attended less than 6 sessions of the

program as well as women grew up in prosperous families by higher rates of «Problem Solving» coping strategy ($23,91 \pm 3,28$ vs $19,34 \pm 5,67$ vs $19,26 \pm 6,48$; $P=0,001$); coping strategy «Seeking Social Support» ($24,64 \pm 3,44$ vs $19,41 \pm 5,76$ vs $20,70 \pm 8,09$; $P=0,006$); meaningfulness of life (Purpose-in-Life Test) ($27,83 \pm 5,17$ vs $21,24 \pm 7,53$ vs $24,04 \pm 7,22$; $P=0,009$). They are less likely to use such coping strategy as «Avoidance» ($16,55 \pm 3,53$ vs $21,86 \pm 5,29$ vs $19,04 \pm 6,24$; $P=0,001$). They have low anxiety ($48,42 \pm 5,65$ vs $54,07 \pm 7,12$ vs $52,81 \pm 9,01$; $p=0,006$) and low depression ($10,92 \pm 5,52$ vs $25,90 \pm 16,70$ vs $16,33 \pm 12,35$; $P=0,003$).
Conclusions: The results convincingly prove the effectiveness of f twelve-step program in Russia

Conflict of interest: No

Keywords: adult children of alcoholics; Twelve-step program; coping behaviour; life-meaningful orientations

EPV0030

Inhibitory control in patients with alcohol-use disorder: an EEG study

A. Peshkovskaya* and S. Galkin

Tomsk National Research Medical Center, Russian Academy of Sciences, Mental Health Research Institute, Tomsk, Russian Federation
 *Corresponding author.

Introduction: Impaired inhibitory control is considered to contribute to the development, maintenance, and relapse of addictive disorders. Researchers associate inability to maintain a long-term remission in alcohol-use disorder (AUD) with weakened inhibitory control.

Objectives: The aim of the study was to investigate inhibitory control and its neural correlates in patients with AUD.

Methods: Cognitive and neural measures were obtained in 30 detoxified AUD patients with Go-NoGo Task and EEG, and then matched with data of 30 healthy subjects. For the analysis, the data of 16 EEG channels were selected. To study cognitive and neural correlates of inhibition ANOVA analysis was performed.

Results: Analysis of inhibitory control indicated a greater number of inhibition errors in AUD patients versus controls: 7.34 vs. 3.25 ($p = 0.039$). Inhibitory control performance was accompanied by a significant increase in the beta power in motor brain areas among patients versus healthy subjects ($\lambda = 0.906$, $F(2, 115) = 5.961$, $p = 0.003$). This finding corresponds to the Go-NoGo Task performance — AUD patients made more “motor” errors than healthy subjects, i.e. patients failed to hold on the response to the irrelevant stimulus (wrongly respond to the NoGo signal).

Conclusions: Impaired inhibitory control in AUD patients were associated with an automatic motor response to a stimulus and accompanied with the increase in beta power in the motor areas of the cerebral cortex. Since the power of beta band correlated with metabolism and trophic changes in certain brain area, we suggested that changes in motor cortex were significant features of AUD.

Disclosure: The study was funded by RFBR and Tomsk Region Administration according to the research project No. 19-413-703007. Examination of healthy subjects was carried out as part of the research project No. 20-013-00766 funded by RFBR.

Keywords: alcohol-use disorder; EEG; inhibitory control; Cognition

EPV0032

Internet gaming disorder: case report

P. Ponzivskiy*, V. Khanykov and A. Gofman

Moscow Research Institute of Psychiatry – branch of V.Serbysky National Medical Research Center for Psychiatry and Addiction, Department For Treatment Of Mental Disorders, Complicated By Addictions, Moscow, Russian Federation

*Corresponding author.

Introduction: Internet Gaming Disorder (IGD) will be classified in ICD-11. Cross-sectional studies report the high co-morbidity of internet addiction with psychiatric disorders such as depression, anxiety disorders, and substance use disorder. The case report is of a 23-year-old male student seeking in-patient treatment for severe internet gaming problems.

Objectives: To explore co-existing psychiatric disorders and potential treatment for Internet Gaming Disorder.

Methods: Patient clinical data that includes the Mini-International Neuropsychiatric Interview (M.I.N.I.), Chen Internet Addiction Scale (CIAS), Hospital Anxiety and Depression Scale (HADS), Beck Depression Inventory (BDI), The Liebowitz Social Anxiety Scale (LSAS), and the Prodromal Questionnaire (PQ-16).

Results: The clinical signs of IGD that the patient reported included a preoccupation with internet games and excessive periods spent gaming, withdrawal symptoms of irritability, a reduction in time spent on previous hobbies, persistent gaming in spite of interpersonal and educational problems. The patient scored 78 points on CIAS indicating a substantial pattern of internet addiction. No psychiatric disorder was detected using the psychometric scales. The patient undertook a course of psychotherapeutic treatment including motivational interviewing and cognitive behavioral therapy.

Conclusions: In the absence of associated psychiatric disorders, IGD itself becomes a focus for psychosocial interventions. In order to avoid possible medicalization of normal behavior, it is important to elaborate the precise diagnostic criteria of IGD including the assessment of degree of functional impairment that is not included in the DSM-5 classification.

Conflict of interest: No

Keywords: internet addiction; internet gaming disorder; case report; Problematic Internet Use

EPV0036

Predictive ability of addictive beliefs

C. Suarez Pérez*, J. Ballesteros López and V. Álvarez González

Hospital Universitario Infanta Cristina, Psychiatry, Madrid, Spain

*Corresponding author.

Introduction: Beliefs are defined as relatively rigid and lasting cognitive structures, which are not easy to modify by experience.

Objectives: The objective of this study is to investigate the relationship between nuclear beliefs about drug use and craving and different sociodemographic and clinical variables.

Methods: Observational, descriptive, cross-sectional study in the Mental Health area of Parla and Getafe, Madrid, Spain. A questionnaire is used to determine the degree to which patients are identified with nuclear beliefs related to drug use and craving. This questionnaire has 26 items.

Results: We analysed the sample and we extracted the most significant variables. The nuclear beliefs are organised around 4 factors: idea of general operation without substance, intention to consume again, conditions to consume again (controlled, non-addictive consumption) and expectations positive consequences of consumption. An also beliefs related to craving.

Conclusions: Beliefs significantly influence in the patient consumption. Recognizing the diversity of beliefs about substance abuse allows the development of specific intervention programs

Conflict of interest: No

Keywords: dual disorders; nuclear beliefs; substances; craving

EPV0039

Addiction treatment services in belarus.

A. Yarmalinskaya

health care facility city clinical drug dispensary, Narcology, Minsk, Belarus

Introduction: The City Clinical Drug Dispensary medical institution is located in Minsk and provides narcological assistance to the population of Minsk with various types of dependence.

Objectives: to present the structure of drug treatment services in the city of Minsk.

Methods: data of statistical reports.

Results: The population of Minsk in 2018 is determined to 1 982 444 people. The number of patients with narcological disorders registered for the first time in the life of the City Clinical Narcological Dispensary health care institution amounted to 12 742 people (64.3 per 100 thousand). Dependence structure: 1.8% - psychotic disorders associated with alcohol consumption (1.3% - amnesic syndrome and residual psychotic disorder), 20.8% - alcohol dependence syndrome, 1% - drug dependence syndrome. 72.1% - alcohol consumption with harmful consequences and 4.1% - drug use with harmful consequences. 11 people were first recognized as disabled due to amnesia and dementia due to alcohol consumption. Drug treatment: inpatient unit - 6 (325 round-the-clock beds, 60 of which are rehabilitation beds) and 6 intensive care units. Full-time departments: 6 (250 beds), of which 5 are for helping adults and 1 cabinet is for helping adolescents. Outpatient rooms: 20 drug treatment rooms for adults, 4 rooms for the treatment and prevention of drug addiction, 2 rooms for methadone replacement therapy and 9 drug treatment rooms for adolescents. 68 specialist work with doctors, psychiatrists-narcologists.

Conclusions: the structure and staffing of the health care facility "City clinical drug dispensary" allows to provide quite effective assistance in providing assistance to the population of Minsk.

Conflict of interest: No

Keywords: Addiction; treatment service; health care; alcohol; Addiction; treatment service; health care

EPV0040

Childhood trauma, emotion regulation and pain in alcohol-dependent individuals

J. Zaorska^{1*}, M. Kopera¹, M. Nowakowska¹, P. Kobyliński², M. Wojnar³ and A. Jakubczyk¹

¹Medical University of Warsaw, Psychiatry, Warsaw, Poland;

²National Information Processing Institute, Laboratory of Interactive

Technologies, Warsaw, Poland and ³Medical University of Warsaw, Psychiatry Clinic, Warsaw, Poland

*Corresponding author.

Introduction: Several studies have confirmed that the experience of childhood trauma, poor emotion regulation as well as experience of physical pain may contribute to development and poor treatment outcomes in alcohol dependence (AD). However, little is known about mutual relationships between all these factors in individuals with AD.

Objectives: to analyze associations between childhood trauma, emotion regulation and pain tolerance in alcohol-dependent individuals.

Methods: The study group comprised 165 individuals diagnosed with AD. The Childhood Trauma Questionnaire was used to investigate different types of trauma during childhood; the Brief Symptom Inventory - to assess anxiety symptoms; the Difficulties in Emotion Regulation Scale (DERS) - to assess emotional dysregulation and Pain Resilience Scale - to measure self-reported pain tolerance.

Results: Childhood emotional abuse (CTQ subscale score), anxiety, emotional dysregulation (DERS total score), and the covariates (sex and age) explained almost 16% of the variance in pain tolerance ($R^2 = 0.156$; $F[5, 138] = 5.094$; $p < 0.001$). Childhood emotional abuse was positively associated with anxiety, anxiety was positively associated with emotional dysregulation, and emotional dysregulation was negatively associated with pain resilience, adding up to the indirect negative association between childhood emotional abuse and pain tolerance. All of the correlations were significant. The statistical procedure proved anxiety and emotional dysregulation, operating in serial, mediated the effect of childhood emotional abuse on pain resilience in the study group.

Conclusions: Addressing the issue of emotional dysregulation and physical pain in relation to childhood trauma, may be an important part of alcohol dependence therapeutic treatment programs.

Conflict of interest: No

Keywords: childhood trauma; pain; emotion regulation

EPV0041

Cannabis use and risk perception: a review.

E. Arribas Pinero* and L. León-Quismondo

RAMON YCAJAL UNIVERSITY HOSPITAL, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: Cannabis is the most widely used illegal drug in the world, with an increase in use over the past two decades. One of the main factors that would explain this phenomenon would be a decreased risk perception on its use.

Objectives: To study false beliefs that may lead to a low risk perception of cannabis use in the population.

Methods: A review of the available literature on false beliefs that exist behind a decreased risk perception was performed.

Results: A lower risk perception about cannabis use is associated with a higher frequency of cannabis use. Consumers have a greater number of positive beliefs related to cannabis use, such as that it does not produce addiction, that it has no negative effects on health, that it is good for some diseases, and that it is not related to intellectual or behavioral disturbances. Consumers hold fewer negative beliefs about the mental and physical health consequences of cannabis use, as opposed to those of those who have never used cannabis in their lifetime, who do consider it to be a real risk.

Conclusions: The relationship between perceived risk of cannabis use and cannabis use has been evident for years. There is a reciprocal relationship between the presence of false beliefs about the consequences of cannabis use and the present and future evolution of cannabis use among young people. In this context, early intervention programs are particularly relevant.

Conflict of interest: No

Keywords: cannabis; risk perception; risk factor; false beliefs

EPV0046

Peculiarities of alcohol dependence formation in combatants as a basis for their rehabilitation

H. Kozhyna*, V. Lytvynenko, K. Zelenska, V. Koshchii and T. Radchenko

KHARKIV NATIONAL MEDICAL UNIVERSITY, Psychiatry, Narcology And Medical Psychology, Kharkiv, Ukraine

*Corresponding author.

Introduction: The problem of treatment of alcohol dependence in Ukraine remains rather acute currently, as the results of the research show a significant increase in the number of alcohol consumers among the population.

Objectives: In order to study the peculiarities of alcohol dependence formation in combatants as basis for their rehabilitation.

Methods: 56 combatants with alcohol dependence syndrome (F 10.2x) were examined by Clinical and psychopathological method.

Results: of the study indicated that clinical picture of alcohol dependence was characterized by loss of situational control ($85.3 \pm 3.8\%$ of the examined), palimpsests ($25.2 \pm 2.4\%$), dysphoria ($38.1 \pm 1.8\%$), affective reactions ($27.3 \pm 1.6\%$), anxious-depressive disorders ($34.6 \pm 1.8\%$) and asthenic manifestations ($29.1 \pm 1.6\%$). Pathological psychological predictors of formation of alcohol dependence in men are affective behavior, proneness to conflict, and prevalence of non-constructive forms of coping strategies. $31.4 \pm 1.7\%$ of examined have full manifestation of stress disorder, $39.5 \pm 1.4\%$ of examined persons have partial manifestation, and $29.1 \pm 1.3\%$ of patients have complete manifestation of stress disorder.

Conclusions: The purpose of psychocorrection and psychoeducation of the patients with alcohol dependence is making the patient aware of the disease; learning the skills to cope with alcohol cravings; analysis of one's personal characteristics and peculiarities of self-perception in society; formation in the patient of motivation for treatment; restoring the old and building new public relations with full integration into society; development of skills of adequate behavior in psycho-traumatic situations; correction of "alcoholic" patterns of behavior.

Conflict of interest: No

Keywords: Alcohol dependence; combatants; rehabilitation; psychocorrection

EPV0047

Specificity of psychopathological symptoms, associated with disorders related to alcohol consumption, in combatants, forcibly displaced persons and ordinary residents

A. Markov^{1*}, K. Gaponov², M. Markova³, V. Koshchii⁴ and M. Chernyaev¹

¹Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology Medical And Psychological Rehabilitation, Kharkiv, Ukraine; ²Kharkiv Medical Academy of Postgraduate Education, Narcology, Kharkiv, Ukraine; ³Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology, Medical Abd Psychological Rehabilitation, Kharkiv, Ukraine and ⁴Kharkiv National Medical University, Psychiatry, narcology And Medical Psychology, Kharkiv, Ukraine

*Corresponding author.

Introduction: Ukraine ranks 2nd in the world in terms of the number of years lost due to disability or premature death due to the alcohol consumption (DALY). This is due to a significant increase in the long-term stress load, which the population of Ukraine now has, which generates an increase in the level of alcohol consumption.

Objectives: To study the peculiarities of the clinical variability of psychopathological symptoms, associated with alcohol addiction (AA) in persons with different levels of psychosocial stress (PS).

Methods: 312 men with AA were examined: 107 combatants; 89 forcibly displaced persons; 116 residents of the city of Kharkiv region. The study included the use of clinical-psychopathological, psychodiagnostic and statistical methods.

Results: In combatants, a significant increase in the severity of psychopathological symptoms with an increase in the level of PS, and, accordingly, the severity of AA, is observed on the basis of depression and obsessive-compulsive response, somatization, interpersonal sensitivity and psychoticism. In displaced persons, there is a tendency to increasing the expressiveness of manifestations of depression, interpersonal sensitivity and paranoiality with an increase in the level of stress. For the local inhabitants, the regularity of increase of expressiveness of all psychopathological manifestations combining with increase of severity of PS is characteristic. The severity of obsessive-compulsive, interpersonal sensitivity and phobic anxiety symptoms is greater among combatants and displaced persons; hostility and paranoiality – in combatants; depression – in displaced persons.

Conclusions: The level of PS is an important factor determining the peculiarities of the variety of psychopathological symptoms in persons with AA.

Conflict of interest: No

Keywords: Alcohol addiction; Psychosocial Stress; combatants; forcibly displaced persons

EPV0048

Characteristics of addictive status in patients with alcohol dependence and different levels of macrosocial stress

M. Markova^{1*}, K. Gaponov², A. Markov³, H. Kozhyna⁴ and V. Koshchii⁵

¹Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology, Medical Abd Psychological Rehabilitation, Kharkiv, Ukraine; ²Kharkiv Medical Academy of Postgraduate Education, Narcology, Kharkiv, Ukraine; ³Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology Medical And Psychological Rehabilitation, Kharkiv, Ukraine; ⁴KHARKIV NATIONAL MEDICAL UNIVERSITY, Psychiatry, Narcology And Medical Psychology, Kharkiv, Ukraine and ⁵Kharkiv National Medical University, Psychiatry, narcology And Medical Psychology, Kharkiv, Ukraine

*Corresponding author.

Introduction: 4.2% of Ukrainians have alcohol-related problems, which is significantly higher than in most developed European countries. This is due to a significant increase in the long-term stress load, which the population of Ukraine now has, which generates an increase in the level of alcohol consumption.

Objectives: To study the peculiarities of severity and manifestations of addictive states associated with alcohol-related disorders in patients with different levels of macrosocial stress (MS).

Methods: Upon condition of informed consent 312 men with alcohol dependence (AD) were examined: 107 combatants; 89 forcibly displaced persons; and 116 residents of the city of Kharkiv and Kharkiv region. The study included the use of clinical-psychopathological, psychodiagnostic, statistical methods.

Results: The clinical variability of AD is associated with the severity of MS: with an increase in the maladaptive stress load, there is a decline of the clinical symptoms of AD. The addictive status of patients with AD demonstrates the tension of a number of addictive objects of chemical and non-chemical origin, the severity of which is directly or inversely associated with the AD and MS. The severity of tobacco smoking ($r_s = 0.760$) and the propensity to excessive seizure of computer games ($r_s = 0.703$) is most closely related to the severity of AD and MS, as well as the addictive tension for other addictive objects.

Conclusions: The prospect of further research is the creation of a system of target-personified treatment and rehabilitation, differentiated depending on the level of MS by the patients, and its introduction into the existing integrated system of medical care to AD patients.

Conflict of interest: No

Keywords: ADDICTIVE STATUS; MACROSOCIAL STRESS; ALCOHOL DEPENDENCE

EPV0055

Novel link between poor impulse control and high caffeine intake and expectancies

J. Cebrián^{1*} and G. Gonzalez-Cuevas^{1,2}

¹European University of Madrid, Department of Psychology, Madrid, Spain and ²Idaho State University, Department of Biomedical And Pharmaceutical Sciences, Meridian, United States of America

*Corresponding author.

Introduction: Caffeine, one of the most commonly used and socially acceptable drugs in the world, has been shown to produce neurobehavioral effects similar to other drugs of abuse. Although impulsive behaviors are closely related to drug use and abuse, little is still known about the relationship between impulsivity and caffeine.

Objectives: For this reason, an investigation was carried out to examine the possible link between caffeine and response inhibition.

Methods: Our sample consisted of forty psychology undergraduate students who completed (1) the CaffEQ, a questionnaire that evaluates people beliefs about caffeine effects, (2) the caffeine consumption questionnaire, which assesses the average amount of caffeine consumed within a week, and (3) the Stop-Signal Reaction-Time (SSRT) task, a measure of response inhibition or impulse control.

Results: Our results demonstrated statistically significant associations between high caffeine expectations and intake and poor response inhibition. More specifically, impulsive behaviors were associated with greater expectancies for withdrawal/dependence and physical performance enhancement as well as greater consumption of coffee and energy drinks.

Conclusions: To the best of our knowledge, this work is the first to find a novel link between caffeine and the specific dimension of impulsivity known as response inhibition. Further studies are therefore warranted to explore the direction of causal connections between impulse control and caffeine.

Conflict of interest: No

Keywords: Caffeine; impulsivity; intake; expectancies

EPV0056

Alcohol related dementia: a distinct or multifactorial nosological entity?

P. Costa^{1*}, M. Melo¹, P. Branco¹ and J. Teixeira²

¹Centro Hospitalar Psiquiatrico de Lisboa - CHPL, Psicogeriatrics, Lisboa, Portugal and ²Centro Hospitalar Psiquiátrico de Lisboa, Serviço Alcoologia E Novas Dependências, Lisboa, Portugal

*Corresponding author.

Introduction: The nosological status of Alcohol Related Dementia (ArD) as a distinct mental disorder remains under debate as to its neuropathophysiology. It is a chronic and heterogeneous cognitive problem, secondary to alcohol abuse. Wernicke-korsakoff syndrome (SWK) is also characterized by cognitive deficits whose presentation has characteristics similar to ArD, thus adding challenges to the diagnosis.

Objectives: This work aims to discuss alcohol-related dementia etiology, its diagnosis and treatment.

Methods: The authors used the search engine PubMed, selecting articles from 2013 to 2019, using the words "alcohol related dementia", "Wernicke-Korsakoff syndrome" and "thiamine".

Results: ArD appears to result from direct ethanolic neurotoxicity on brain cells. Clinically, language impairment is infrequent, there is a lower impact on semantic tasks and verbal memory, with worse performance in visuospatial tasks. Unlike other dementias, it has recovery potential with abstinence. It often overlaps with other entities, notably SWK, secondary to the thiamine deficit. In this syndrome, Wernicke encephalopathy corresponds to the acute phase, presenting by a characteristic triad (gait ataxia, confusional state, and ophthalmoplegia). This may evolve to a more chronic condition, the Korsakoff syndrome, characterized by persistent anterograde amnesia, deficits in executive function, may also coexist with confabulation.

Conclusions: ArD is a serious complication of alcohol abuse. Given the heterogeneity of the condition, is essential to have a high index of suspicion and a low diagnostic threshold, with an early onset of IV/IM thiamine replacement. It seems to be also advantageous to start routine neuropsychological screening for earlier diagnosis.

Conflict of interest: No

Keywords: alcohol related dementia; Wernicke-Korsakoff syndrome; thiamine

EPV0057

Psychosocial factors involved in substance use behavior in young medical undergraduate

A. Mihailescu^{1,2}, A. Ciobanu^{3,4}, B. Iorga², A. Damian^{3*}, C. Mihailescu⁵ and O. Popa-Velea²

¹Clinical Hospital of Psychiatry „Prof dr Al. Obregia”, Psychiatry 1, Bucharest, Romania; ²University of Medicine and Pharmacy „Carol Davila”, Medical Psychology, Bucharest, Romania; ³Prof. Alexandru Obregia” Clinical Hospital of Psychiatry, Psychiatry 1, Bucharest, Romania; ⁴Prof. Alexandru Obregia” Clinical Hospital of Psychiatry, 1st, Bucharest, Romania and ⁵CMI MIhailescu S. Cristian, General Practice, Bucharest, Romania
*Corresponding author.

Introduction: Increasing prevalence of cannabis use in young adults is an important health issue as substance use contributes to increased risk of poor mental health.

Objectives: We have analysed psychosocial risk factors for cannabis disorder in young adults.

Methods: In this study we have analysed associations between emotional distress, personality factors and socioeconomical status and cannabis use disorder using a case-control design. 35 inpatient patients with cannabis use disorder diagnosed by a psychiatrist and 30 outpatient individuals with cannabis use disorder were compared to 112 individuals within the same age range, gender and level of education. We have used the following instruments: Big-Five personality markers (NEO-PI), WHOQOL BREF, DSM 5- Level 1 and 2 self-rated instruments, CUDIT-R for cannabis use disorder and a socio-demographical interview.

Results: Specific personality factors were present in association with substance use, thus, inpatient young adults with cannabis use had low Emotional Stability, by contrast with outpatient young adults with cannabis use that had high levels of Openness ($F(2,92)=3,613, p<0,05$), Agreeableness ($F(2,92)=8,424, p<0,0001$) and Conscientiousness ($F(2,92)=3,405, p<0,05$). Negative affect was associated with cannabis use disorder compared to control ($F(2,92)=72,277, p<0,05$). Quality of life was lower in all cannabis users, however quality of life domains were more affected in cannabis inpatient users ($p<0,05$).

Conclusions: We have found significant differences between young adults with cannabis use disorder and controls in view of personality big-five markers, emotional distress and quality of life domains. This directs the intervention towards identifying personality factors and early emotional health issues in young adults with the scope of preventing substance use disorder.

Conflict of interest: No

Keywords: cannabis; mental health; medical undergraduates; substance use

EPV0058

Regular alcohol use in young adults is associated with reduced motivation to work for financial reward

C. David^{1,2*}, K. Ersche³ and T.V. Lim³

¹Brunel University London, Psychology, London, United Kingdom;

²Cambridge University, Psychiatry, Cambridge, United Kingdom and

³University of Cambridge, Department of Psychiatry, Cambridge, United Kingdom

*Corresponding author.

Introduction: How we behave is shaped by past experiences. Regular use of alcohol may change our ability to adjust to behaviour in response to feedback.

Objectives: We investigated changes in reinforcement sensitivity in young adults, who regularly consume alcohol, using a monetary incentive reinforcement (MIR) task. We hypothesized that regular

alcohol use is associated with altered responses in anticipation of monetary gain and loss.

Methods: We recruited 46 volunteers from the local community, half of whom reported consuming alcohol at harmful levels. Participants completed a number of personality questionnaires and performed the MIR task, which measures participants' efforts in gaining money and avoiding monetary loss. Analysis of co-variance was used to explore group differences; age and gender were included as co-variates.

Results: Alcohol users reported significantly higher levels of impulsivity ($F_{1,41}=6.0, p=0.019$) and sensation-seeking traits ($F_{1,42}=36.7, p<0.001$) and demonstrated normal sensitivity to monetary value ($F_{1,41}=1.07, p=0.307$). When challenged to gain reward or avoid punishment, alcohol users were equally motivated as control volunteers to take action to avoid financial loss ($F_{1,41}=2.6, p=0.112$) but showed less motivation to work towards financial reward ($F_{1,41}=4.7, p=0.036$). The lack of motivation to work for reward was negatively associated with the severity of alcohol use ($r=-.48, p<0.05$).

Conclusions: In a community sample we observed reduced motivation to obtain financial reward, but intact loss avoidance in heavy drinkers. This effect was directly related to alcohol use severity, suggesting that changes in reinforcement sensitivity occur at an early stage of chronic alcohol use.

Conflict of interest: No

Keywords: Motivation; monetary; reinforcement sensitivity; Alcohol

EPV0060

Pramipexole differentially modulates fronto-striatal circuits in addictive and compulsive disorders

K. Dionelis^{1*}, C. Meng¹, K. Craig¹, S. Shabbir², N. Fineberg³, B. Sahakian⁴, J. Suckling¹, E. Bullmore⁴, T. Robbins⁴ and K. Ersche⁴

¹University of Cambridge, Department of Psychiatry, Cambridge, United Kingdom; ²GlaxoSmithKline, Clinical Unit Cambridge, Cambridge, United Kingdom; ³Hertfordshire Partnership University NHS Foundation Trust, Psychiatry, Welwyn Garden City, United Kingdom and ⁴Cambridge university, Department of Psychiatry And Behavioural And Clinical Neuroscience Institute, Cambridge, United Kingdom

*Corresponding author.

Introduction: Stimulant use disorder (SUD) and obsessive-compulsive disorder (OCD) are both characterised by compulsive behaviours, previously conceptualised as dysfunctional habits. Thus, imbalanced regulatory control between fronto-striatal and cortico-striatal loops subserving goal-directed and habitual behaviour respectively, possibly involving midbrain dopaminergic input, could be involved in compulsive behaviour.

Objectives: We used resting-state fMRI to investigate neural networks of compulsivity in SUD and OCD. We hypothesised that SUD and OCD would differ from healthy volunteers in fronto-striatal and cortico-striatal connectivity, and that dopaminergic drug challenges would differentially affect these networks in both disorders.

Methods: In a randomised, double-blind, placebo-controlled, crossover design, patients with SUD ($n=18$), OCD ($n=18$), and healthy volunteers ($n=18$) received one dose of placebo, pramipexole, or amisulpride, before undergoing resting-state fMRI. Regions

of interest included ventromedial prefrontal cortex (vmPFC), premotor cortex (pMOT) and posterior putamen (pPUT), regions involved in goal-directed and habitual control. We compared functional connectivity within these networks and related connectivity to disorder-specific compulsivity measures.

Results: Disorder-specific compulsivity predicted functional connectivity between vmPFC and pPUT on placebo in SUD ($r=0.51$, $p<0.05$), but not OCD. Pramipexole reversed this relationship in both disorders, so that the correlation was negative in SUD ($r=-0.54$, $p<0.05$), but positive in OCD ($r=0.49$, $p<0.05$). Pramipexole equally increased connectivity between vmPFC and pMOT in SUD, and decreased connectivity between pPUT and pMOT in OCD.

Conclusions: Our findings suggest that imbalanced fronto-striatal loops are involved in compulsive behaviour in SUD and OCD. Dopaminergic modulation of these circuits putatively contributes to compulsivity, with possible ramifications for novel treatments.

Disclosure: Dr Meng is supported by the Wellcome Trust (105602/Z/14/Z) and the NIHR Cambridge Biomedical Research Centre. Dr Bullmore is employed part-time by GSK and part-time by University of Cambridge. He holds stock in GSK. Dr Craig was employed by the University

Keyword: compulsivity addiction OCD dopamine

EPV0066

“Correlation of urine ethyl glucuronide (ETG) and ethyl sulfate (ETS) with other markers of recent alcohol use and factors affecting its levels”.

S. Huddar*, P. Murthy, P. Sharma, P. Chand and L. Shukla

National Institute of Mental Health and Neurosciences(NIMHANS), Psychiatry, Bengaluru, India

*Corresponding author.

Introduction: Alcohol use disorders are recognized world over as a major public health issue. The role of biomarkers has proved to be important in the identification of problem drinking and in monitoring relapse. Urine EtG and EtS are direct biomarkers of alcohol helpful in the detection of recent alcohol use. This study focuses on understanding the correlation of urine EtG and EtS with other markers of alcohol use and factors affecting its levels.

Objectives: To study the correlation between urinary EtG and EtS and other markers of alcohol use among patients of alcohol dependence syndrome. To study the factors affecting the levels of Urine EtG and EtS

Methods: Urine EtG and EtS was monitored serially in each subject sixth hourly for 72 hours. Breath alcohol concentration (BrAC), Serum EtG & EtS levels were measured at T0(1st sample).

Results: Urine EtG and EtS shows positive correlation with Breath alcohol concentration($p<0.015$) and Serum EtG and EtS($p<0.001$). Amount of alcohol consumption and time elapsed since last alcohol use are the only two factors which determine levels of Urine EtG and EtS irrespective of age.

Conclusions: Longer detection window, positive correlation with other markers of recent alcohol use and minimal patient related factors determining its level makes Urine EtG and EtS an ideal marker of recent alcohol use.

Conflict of interest: No

Keywords: Ethyl Glucuronide; Ethyl Sulfate; Alcohol; biomarker

EPV0070

The relationship between family history and early onset alcoholism: more rapid transition to dependence or denial of their addiction?

M.R. Patrascu*, T.C. Ionescu, M.R. Dumitrescu and M. Ladea

Alexandru Obregia Clinical Hospital, Department 3, Bucharest, Romania

*Corresponding author.

Introduction: The harmful use of alcohol can lead to destructive mental disorders, therefore it is critical to address factors contributing to their development and maintenance.

Objectives: We aimed to identify whether family history is predictive of earlier initiation of drinking or more rapid transition to dependence. Moreover, we examined the time span between at-risk behaviour and onset of alcoholism, the main reason alcohol consumption became a pattern, as well as the patients' awareness of their addiction.

Methods: Using cross-sectional data from a male patient-based cohort of 110 alcoholics admitted in a Department of “Prof. Dr. Al. Obregia” Psychiatry Clinical Hospital in 2019, we evaluated the chronology of addiction development using our own assisted survey questionnaire. Social-demographic data, age at first alcohol use, age at onset of alcoholism, family history and perceived reason for alcohol consumption pattern were collected. Patients were also asked whether they consider themselves addicted.

Results: As predicted, family history was linked with early initiation of drinking, although transition to alcohol dependence was similar across patients without a family history. The approximate time frame between at-risk behaviour and onset of alcoholism was 15 years, whereas the main reason for addiction was coping with stress. A significantly amount of patients did not consider they had an addiction problem. Frequently, patients described symptoms of depression/anxiety prior to addiction development.

Conclusions: Family history of alcoholism can be used when predicting earlier initiation of drinking. An at-risk group could be identified by evaluating comorbid symptomatology and environmental factors such as stress.

Conflict of interest: No

Keywords: family history; alcoholism; denial; Early Onset

EPV0071

The relationship between family history and early onset alcoholism: more rapid transition to dependence or denial of their addiction?

M.R. Patrascu^{1*}, T.C. Ionescu¹, M.R. Dumitrescu¹ and M. Ladea²

¹Alexandru Obregia Clinical Hospital, Department 3, Bucharest, Romania and ²University of Medicine and Pharmacy “Carol Davila”, Psychiatry, Bucharest, Romania

*Corresponding author.

Introduction: The harmful use of alcohol can lead to destructive mental disorders, therefore it is critical to address factors contributing to their development and maintenance.

Objectives: We aimed to identify whether family history is predictive of earlier initiation of drinking or more rapid transition to dependence. Moreover, we examined the time span between at-risk behaviour and onset of alcoholism, the main reason alcohol

consumption became a pattern, as well as the patients' awareness of their addiction.

Methods: Using cross-sectional data from a male patient-based cohort of 110 alcoholics admitted in a Department of "Prof. Dr. Al. Obregia" Psychiatry Clinical Hospital in 2019, we evaluated the chronology of addiction development using our own assisted survey questionnaire. Social-demographic data, age at first alcohol use, age at onset of alcoholism, family history and perceived reason for alcohol consumption pattern were collected. Patients were also asked whether they consider themselves addicted.

Results: As predicted, family history was linked with early initiation of drinking, although transition to alcohol dependence was similar across patients without a family history. The approximate time frame between at-risk behaviour and onset of alcoholism was 15 years, whereas the main reason for addiction was coping with stress. A significantly amount of patients did not consider they had an addiction problem. Frequently, patients described symptoms of depression/anxiety prior to addiction development.

Conclusions: Family history of alcoholism can be used when predicting earlier initiation of drinking. An at-risk group could be identified by evaluating comorbid symptomatology and environmental factors such as stress.

Conflict of interest: No

Keywords: Early Onset; denial; Addiction; family history

EPV0079

Psychometric properties of the transaddiction craving triggers questionnaire in alcohol use disorder

C. Von Hammerstein^{1,2*}, A. Cornil³, S. Rothen⁴, L. Romo^{5,6}, Y. Khazaal⁷, A. Benyamina², J. Billieux^{8,9} and A. Luquiens^{2,10}

¹Université parisnanterre, Ea 4430 Clipsyd, nanterre, France; ²Hôpital Paul brousse APHP, Department of Psychiatry And Addictologyuniversity Paris-sud, Uvsq, Cesp, Inserm U 1178, villejuif, France; ³Université Catholique de Louvain, Laboratory For Experimental Psychopathology (lep), Psychological Science Research Institute, Louvain- la-neuve, Belgium; ⁴University of geneva, Research Center for Statistics, Geneva School of Economics And Management, Geneva, Switzerland; ⁵Saint Anne Hospital, Inserm, U894, Center for Psychiatry And Neuroscience, Paris, France; ⁶Université Paris Nanterre, Clipsyd Ea4430, Nanterre, France; ⁷University hospital Lausanne, Addiction Medecine, Lausanne, Switzerland; ⁸University of Lausanne, Institut Of Psychology, Lausanne, Switzerland; ⁹University of luxembourg, Addictive And Compulsive Behaviorslab. Institute For Health And Behaviour, luxembourg, Luxembourg and ¹⁰CHU Nîmes - Inserm, Addiction, Nîmes, France

*Corresponding author.

Introduction: Given the robust association between craving and relapse, most psychological interventions tend to focus on the identification of high-risk situations; situations that are supposed to trigger craving. A crucial aspect of psychological intervention is to help individuals learn skills to efficiently cope with them. To date, no appropriate instrument exists to assess craving triggers

Objectives: We aimed to develop the Transaddiction Craving Triggers Questionnaire (TCTQ), which assesses the propensity of specific situations and contexts to trigger craving, and to test its psychometric properties in alcohol use disorder (AUD).

Methods: This study included a sample of 111 AUD outpatients. We performed exploratory factor analysis (EFA) and calculated item-dimension correlations. Internal consistency was measured

with Cronbach's alpha coefficient. Construct validity was assessed through Spearman correlations with craving, psychological functioning and drinking characteristics.

Results: The EFA suggested a 3-factor solution: unpleasant affect, pleasant affect, cues and related thoughts. Cronbach's coefficient alpha ranged from 0.80 to 0.95 for the 3 factors and the total score. Weak positive correlations were identified between the TCTQ and drinking outcomes, and moderate correlation were found between the TCTQ and craving strength, impulsivity, anxiety, depression and impact of alcohol on quality of life.

Conclusions: The 3-factor structure is congruent with the well-established propensity of emotions and cues to trigger craving. Construct validity is supported by close relations between the TCTQ and psychological well-being rather than between the TCTQ and drinking behaviors. Longitudinal validation is warranted to assess sensitivity to change of the TCTQ and to explore its psychometric properties in other Addictive disorders

Disclosure: o CvH declares that there is no conflict of interest o AC declares that there is no conflict of interest o SR declares that there is no conflict of interest o LR has received sponsorship to participate in scientific research funded by FRA through a conven

Keywords: psychometrics; triggers; alcohol use disorder; craving

EPV0080

Two faces of exercise addiction - self-esteem, narcissism and sport addiction in women

E. Wojtyna^{1*}, T. Król² and M. Hyla¹

¹University of Silesia in Katowice, Institute of Psychology, Katowice, Poland and ²Medical University of Silesia, School of Public Health, Katowice, Poland

*Corresponding author.

Introduction: CrossFit is among the sports that involve high-intensity exercises. It often takes a form of group training and is considered as a sport likely to cause injury. Exercise addiction, which may lead to more frequent injuries, is often connected to low self-esteem and narcissism.

Objectives: The study aimed at establishing the links between different aspects of self-esteem and narcissism, and exercise addiction in women training CrossFit. Another goal was establishing the profile of traits connected with self-esteem and narcissism in women displaying different levels of exercise addiction.

Methods: The study included 110 women who have been training CrossFit for at least 6 months. Questionnaires used were as follows: Exercise Addiction Inventory, Self-Liking/Self-Competence Scale, Self-Compassion Short Scale, Appearance Schemas Inventory, Satisfaction with Life Scale as well as Narcissistic Admiration and Rivalry Questionnaire.

Results: 24.5% of subjects were at high risk of exercise addiction. No rectilinear correlations between self-esteem - narcissism and exercise addiction were shown. Strong addiction to physical exercises in women training CrossFit is connected to two profiles of self-esteem and narcissism. One is characterised by high self-esteem and high narcissism connected with admiration; second is characterised by low self-esteem and high rivalry narcissism.

Conclusions: Knowledge of these two profiles of self-esteem and narcissism in women with high profile of exercise addiction may translate into creating psychoeducational and psychoprophylactic programs on risky training which is adequately fitted to the needs of women.

Conflict of interest: No

Keywords: exercise addiction; narcissism; self-esteem

EPV0083

The role of different game-genres in predicting internet gaming disorder (IGD)

L. Ferraro^{1*}, C. Avanzato¹, G. Maniaci¹, C. Sartorio¹, F. Seminerio¹, G. Tripoli^{1,2}, D. Quattrone³, M. Daino¹, D. La Barbera¹ and C. La Cascia¹

¹University of Palermo, Psychiatry section, Biomedicine, Neuroscience And Advanced Diagnostic (bind), Palermo, Italy; ²King's College London, Psychosis Studies, London, United Kingdom and ³King's College London, Social, Genetic, And Developmental Psychiatry Centre Institute of Psychiatry, Psychology, And Neuroscience, London, United Kingdom

*Corresponding author.

Introduction: Internet gaming disorder (IGD) is a new diagnosis in DSM 5 worth of research. New potentially addictive features are emerging in pay- and free-to-play videogames, involving different at-risk populations of gamers. However, few studies have examined whether and how different game-genres can contribute to the risk of IGD.

Objectives: This study aimed to investigate how game-genres can predict IGD, accounting for alexithymia scores, time-related playing habits, and other predictors.

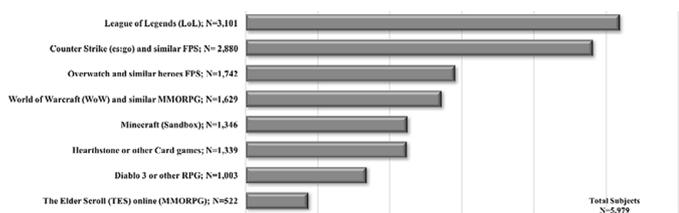
Methods: Participants were gamers joining online communities, surveyed about which games they played more than 20 hours in their lifetime, time-variables, other stressors and alexithymia scores. A six-steps linear regression with IGD scores and a post hoc logistic regression (outcome: IGD>=21) were performed.

Results: 5,979 subjects (88.7% males, 14-18 years), playing at different games (Figure-1). The game-genre explained the 1% of variation only. WoW and similar MMORPGs confirmed their potentiality in promoting IGD, regardless of alexithymia features (B=0.50, p=0.005). However, time-variables completely absorbed the WoW effect (B=0.01, p=0.951). LoL resulted addictive, even if considering time-variables and alexithymia (B=0.88, p<0.001). Minecraft emerged when time-variables were inserted (B=0.359, p=0.041) and stayed significant if removing alexithymia scores (B=0.48, p=0.010). Playing at Diablo3 and similar RPG did not increase IGD (B=-0.99, p>0.001). None of the different game-genres was able to push the subject over the threshold of IGD, because other characteristics interacted as additive risk-factors.

Conclusions: Alexithymia traits and time-related playing habits mostly moderated the effect of different games in increasing IGD risk. A videogame could engage people with specific characteristics that may, in turn, differentially predispose to IGD.

Conflict of interest: No

Keywords: MMORPG; MINECRAFT; playing time; Alexithymia



EPV0084

Differences between female and male gamers and gender-specific risk-factors for internet gaming disorder (IGD)

L. Ferraro^{1*}, C. Avanzato¹, G. Maniaci¹, C. Sartorio¹, F. Seminerio¹, G. Tripoli^{1,2}, D. Quattrone³, M. Daino¹, D. La Barbera¹ and C. La Cascia¹

¹University of Palermo, Psychiatry section, Biomedicine, Neuroscience And Advanced Diagnostic (bind), Palermo, Italy; ²King's College London, Psychosis Studies, London, United Kingdom and ³King's College London, Social, Genetic, And Developmental Psychiatry Centre Institute of Psychiatry, Psychology, And Neuroscience, London, United Kingdom

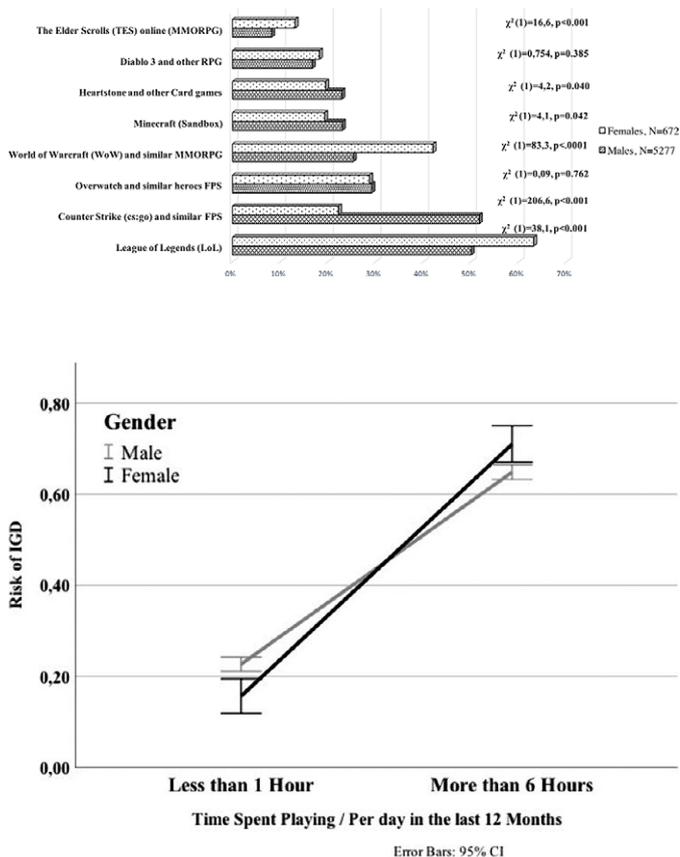
*Corresponding author.

Introduction: Videogames have become more popular across females, although their widespread diffusion among males. However, few studies have examined differences between female and male gamers and gender-specific risk factors for Internet Gaming Disorder (IGD).

Objectives: The study aimed to describe males and females' differences in a sample of gamers, and to identify gender-specific risk-factors for IGD, accounting for alexithymia, playing habits, and other perceived stressors.

Methods: Participants were gamers joining online communities, tested by IGDS-SF9 and TAS-20 for alexithymia. To explore





risk-factors for IGD (outcome: $IGD \geq 21$), we set a binary logistic regression stratified by gender.

Results: 5,305 males and 674 females differed in most of the descriptive characteristics (Figure-1) and game-genres preferences (Figure-2). Higher DIF scores increased the risk of IGD in both males ($OR=1.8$ 95% C.I. 1.6, 2) and females ($OR=1.3$ 95% C.I. 1.1, 1.7) while higher EOT in males only ($OR=1.2$ 95% C.I. 1.1, 1.3). Having another hobby apart from gaming was protective for males ($OR=0.5$, 95% C.I. 0.4, 0.6). Having started playing before their ten-years was a risk factor for females ($OR=2.3$ 95% C.I. 1.2, 4.6). Loneliness and boredom feelings predicted IGD in males ($OR=1.7$ 95% C.I. 1.5, 2) and, even more, in females ($OR=2.7$ 95% C.I. 1.8, 4.2). Playing more than six hours/per day increased IGD-risk up to seven times in males ($OR=7.3$ 95% C.I. 5.1, 10.3) and of almost sixteen times in females ($OR=15.9$ 95% C.I. 5.4, 46.7) (Figure-3).

Conclusions: Female gamers presented specific characteristics and a greater vulnerability to the increased time spent playing as a risk-factor for IGD.

Conflict of interest: No

Keywords: gender psychiatry; DSM 5; videogames; time spent playing

EPV0085

Service evaluation of child safeguarding referral process from the drug and alcohol service in SWLSTG mental health trust

P. Nagasinghe

SOUTHWEST LONDON & ST GEORGE'S MENTAL HEALTH NHS TRUST, Neurodevelopment Services, TOOTING, United Kingdom

Introduction: A child is considered abused if he or she is treated in a way that is unacceptable in a given culture at a given time. Safeguarding refers to the process of protecting children to provide safe and effective care. This includes all procedures designed to prevent harm to a child. Strengthening the approach to prevention we aimed to look at our referral process to promote safeguarding practices within professionals.

Objectives: To assess the current referrals process of child safeguarding in Engage Merton (Drugs and Alcohol Service)

Methods: Patients who were referred for new assessment during the period of September-November 2017 were identified using electronic record system. A questionnaire identified the following information: age, gender, whether the patient has children, referral to social services, was the referral followed up, reason for not referring to social services if patient had children.

Results: 43 patients were identified in this period (Mean age 42.3). Of these, 17 were identified as having children. 16 were identified as not having children. This information was not recorded for 10 cases. Of the 17 patients with children, 2 were referred for child safeguarding. Of the cases where patients had children that were not referred for safeguarding, 8 were already known to social services.

Conclusions: Professionals carrying out initial assessment in Drugs and Alcohol service need to ensure that presence or absence of children is properly documented for each service user. A safe guarding referral has been considered for each service user with children but none of the referrals were followed up.

Conflict of interest: No

Keywords: Child safeguarding; Drugs and Alcohol Service; Social Service; Parental responsibility

Anxiety disorders and somatoform disorders

EPV0092

Treatment of social anxiety disorder in a public context. About a case.

D. Carracedo Sanchidrián

Hospital Universitario la Paz, Mental Health, Madrid, Spain

Introduction: Social Anxiety Disorder (SAD) has considerable impact on health, especially in adolescence or young adulthood.

Objectives: To illustrate the treatment of SAD with cognitive-behavioral techniques in a public context.

Methods: Descriptive case study.

Results: A 20-year-old female referred to Mental Health in relation to anxiety with history of generalized anxiety. No relevant somatic history. She was in treatment by Clinical Psychology and Psychiatry with 12 years with diagnosis of Anxiety reactive to bullying. She refers history of night terrors and nightmares. Exploration: Coherent speech, no formal alterations, in low tone. High anxiety, facial flushing, tremor and avoidant behavior. Low mood and tendency to isolation. Frequent nightmares, insomnia, hypnagogic and hypnopompic phenomena. Denies toxic consumption. Death thoughts in context of high anxiety, there have never been attempts or structured suicidal plans. Fifty-minute sessions every 2 weeks. A total of 10 sessions in 5 months were conducted. Therapeutic objectives: reduction of anxiety symptoms, establishment of at least 2 significant interpersonal relationships and maintenance or improvement of academic performance. Relaxation techniques were trained,

patient's negative automatic thoughts were worked ("nobody likes me," "I am weird"), progressive social exposures were held, validated and reinforced as attending the faculty. The patient began to attend more to her classes and being involved in social tasks (e.g. group work). Anxiety was markedly reduced, although nightmares persisted. Finally, the patient found a job compatible with her studies that made it easy to go on Erasmus trip.

Conclusions: Cognitive-behavioral techniques are viable and effective for addressing SAD in public context

Conflict of interest: No

Keywords: Social Anxiety Disorder; cognitive behavioral therapy; public health

EPV0094

Comparative efficacy and tolerability of 14 benzodiazepines in the treatment of patients with anxiety: a network meta-analysis

H. Fernandes^{1*}, C. Novais² and R. Moreira³

¹BIAL - Portela & C.^a, S.A., Department of Research And Development, Coronado (S. Romão e S. Mamede), Portugal; ²BIAL - Portela & C.^a, S. A, Department of Research And Development, Coronado (S. Romão e S. Mamede), Portugal and ³São João University Hospital Centre, Psychiatry And Mental Health Clinic, Porto, Portugal

*Corresponding author.

Introduction: Some publications refer that benzodiazepines are the most frequently prescribed class of drugs in the treatment of anxiety disorders worldwide.

Objectives: The aim of this preliminary network meta-analysis was to evaluate the efficacy and tolerability of 14 benzodiazepines used in clinical practice for anxiety treatment.

Methods: In this network meta-analysis, we searched on pubmed different possible combinations of comparative studies between several benzodiazepines frequently used in the treatment of anxiety. Only randomised double blind head-to-head clinical trials in which the study population had anxiety were included. A network meta-analysis of random effects was performed to synthesize all the evidence for each possible pairing and to obtain a ranking for all treatments. All languages were allowed. Our primary outcome was efficacy (mean reduction in severity of anxiety based on Hamilton Anxiety Rating Scale, during treatment). Tolerability (number of adverse events) was a secondary outcome.

Results: We included 79 double-blind clinical comparative trials, with a total population of 9454 patients. Regarding efficacy, all drugs were superior to placebo, except prazepam and clonazepam that had no significant result versus placebo. The range of mean effect size was -3,8 to -11. Mexazolam showed a statistically significant superior effect than lorazepam, diazepam, clobazam and prazepam. Regarding tolerability, only diazepam showed a worse statistically significant difference compared with placebo.

Conclusions: In this preliminary network meta-analysis, we found some interesting differences between benzodiazepines, that might be important for clinical practice. Several limitations should be acknowledged. More robust head-to-head clinical trials are needed.

Disclosure: Hélder Fernandes and Catarina Novais are employees of BIAL - Portela & C.^a, S.A.

Keywords: benzodiazepines; Anxiety; network meta-analysis; efficacy and tolerability

EPV0095

Adherence to treatment among patients with chronic rhinosinusitis and anxiety disorders

E. Pervichko¹, I. Kim², V. Vinogradov² and A. Grishanina^{1*}

¹Lomonosov Moscow State University, Faculty of Psychology, Moscow, Russian Federation and ²Federal State Budgetary Institution "Scientific and Clinical Center of Otorhinolaryngology of the Federal Medico-Biological Agency of the Russian Federation, Head And Neck Cancer, Moscow, Russian Federation

*Corresponding author.

Introduction: Recent data has demonstrated that chronic rhinosinusitis (CRS) with nasal obstruction affects approximately 5–15% of the general population both in Europe and the USA (WHO, 2012). CRS patients are often diagnosed with Anxiety Disorders (AD).

Objectives: The aim of the research was to study the relationships between adherence to treatment of patients with CRS and AD with their emotional, personal and cognitive characteristics.

Methods: We used an author's psychodiagnostic interview and two questionnaires: Cognitive Emotion Regulation Questionnaire (Garnefski, Kraaij, Spinhoven, 2002; Pisareva, Gritsenko, 2011), Illness Perception Questionnaire – Revised (Moss-Morris, et al, 2002); and The modified version of the Rosenzweig Picture Frustration Test (Rosenzweig, 1976; Pervichko, 2015, 2018; Zinchenko, Pervichko, 2016). The study involved 37 patients with CRS aged 32 to 54 (40,3±7,5).

Results: High level of treatment adherence is more typical for patients who associate the occurrence of the disease with psychological causes (p=0,042). The low level of treatment adherence is associated with ideas about the predominant influence of "diffuse risk factors" (p=0,552). High level of treatment adherence is associated with ego-protective reactions to frustration (p=0.007).

Conclusions: CRS patients with moderate level of adherence are the most adaptive to treatment of chronic disease.

Conflict of interest: No

Keywords: Anxiety; adherence to treatment; emotion regulation; Reactions to frustration

EPV0098

Efficacy of acceptance and commitment therapy in the treatment of anxiety disorders

L. León-Quismondo^{1*}, F. López Ríos², A. Fernández Liria³ and G. Lahera⁴

¹Ramon y Cajal University Hospital, Psychiatry, Madrid, Spain;

²University of Almería, Psychology, Almería, Spain; ³Hospital

Universitario Príncipe de Asturias, Psychiatry, Alcalá de Henares,

Spain and ⁴University of Alcalá, School of Medicine, Alcalá de Henares, Spain

*Corresponding author.

Introduction: Acceptance and Commitment Therapy (ACT) is part of third-generation or contextual therapies. This therapy has a recent development but is increasingly applied to more mental health problems.

Objectives: To evaluate the efficacy of ACT in the treatment of anxiety disorders, compared to established treatments.

Methods: A systematic review of the literature was conducted to examine the evidence of efficacy of ACT. PubMed and PsycInfo were searched.

Results: Evidence available from randomized clinical trials shows that ACT is more effective than control conditions and 'as usual' treatments. Comparing ACT with Cognitive Behavioral Therapy (CBT), evidence of equivalent improvements in severity of the disorder, sensitivity to anxiety, worry, fear, quality of life, life satisfaction, avoidance and functioning is obtained, although with different mechanisms of action. At 12-month follow-up, ACT appears to outperform CBT, showing more pronounced improvements in the severity of the disorder and level of avoidance, while CBT achieves better quality of life indices.

Conclusions: There is growing evidence on the efficacy of ACT in the treatment of anxiety disorders. ACT is at least as effective as empirically validated Cognitive Behavioral Therapies. However, more evidence is needed to conclude whether it is more effective than established treatments.

Conflict of interest: No

Keywords: anxiety disorders; Acceptance and Commitment Therapy; Efficacy

EPV0099

Predictors of efficacy of cognitive behavioral therapy in patients with panic disorder

L. León-Quismondo^{1*}, E. Rodríguez Pedraza², A. Fernández Liria³ and G. Lahera⁴

¹Ramon y Cajal University Hospital, Psychiatry, Madrid, Spain;

²Príncipe de Asturias University Hospital, Psychiatry, Alcalá de Henares, Madrid, Spain; ³Hospital Universitario Príncipe de Asturias, Psychiatry, Alcalá de Henares, Spain and ⁴University of Alcalá, School of Medicine, Alcalá de Henares, Spain

*Corresponding author.

Introduction: The National Institutes of Health (NIH) is committed to personalized medicine in the field of mental health. This involves selecting treatments based on certain individual characteristics that have predictive value on the results of the same.

Objectives: To know the patient profile and the characteristics that predict a favorable response to treatment with Cognitive Behavioral Therapy (CBT) in patients with panic disorder.

Methods: A systematic review of the literature was conducted to examine the available evidence on predictors of the efficacy of CBT in panic disorder. PubMed and PsycInfo were searched.

Results: The available evidence indicates that variables such as agoraphobic avoidance, low expectation of change, high level of functional impairment, comorbid C cluster personality disorders, comorbid depression and high neuroticism predict worse psychotherapeutic outcomes. Non-hostile family support and high severity of the disorder are identified as predictors of better outcomes. Other variables obtain a less clear result, such as the duration of the disorder, the age of onset of the disorder or sensitivity to anxiety. Finally, other variables have not been shown to predict outcome, such as the presence of comorbid disorders of Axis I or the number of comorbid disorders, the use of concurrent medication, sociodemographic variables (sex, age, socioeconomic status) or motivation.

Conclusions: The knowledge of predictors of response to psychotherapy makes it possible to personalize treatments, thus facilitating the professional's decision making on which therapy to apply and increasing the possibilities of obtaining effective results.

Conflict of interest: No

Keywords: cognitive behavioral therapy; panic disorder; predictors

EPV0100

Supporting anxiety management through mHealth: methods and first contributions considering the academic campus

D. Ferreira¹, D. Melo², P. Silva², A. Santo², N. Madeira^{3*}, S. Soares⁴ and S. Silva¹

¹University of Aveiro, Department of Electronics, Telecommunication And Informatics (deti)/Institute of Electronics And Informatics Engineering (ieeta), Aveiro, Portugal; ²University of Aveiro,

Department of Education And Psychology, Aveiro, Portugal;

³University of Coimbra, Faculty of Medicine, Department of Psychological Medicine, Coimbra, Portugal and ⁴William James Center for Research, University of Aveiro, Department of Education And Psychology, Aveiro, Portugal

*Corresponding author.

Introduction: Although adaptive, anxiety may become dysfunctional and severely impact cognitive abilities, such as attention and memory. Importantly, high levels of distress and anxiety are dramatically growing in higher education contexts, given the presence of a wide range of stressors (time demands, increased workload, among others). Mobile technologies for health (mHealth) represent a promising tool to tackle anxiety and promote well-being to a wider academic community. However, most efforts disregard the multidisciplinary nature of the required effort (gathering mental health providers and engineers) and do not account for the user's motivations and expectations, a paramount condition for both acceptance and efficacy.

Objectives: Materialize a multidisciplinary user-centered effort to propose mHealth-based support to address anxiety in the academic campus.

Methods: A team including Psychologists, HCI and Software Engineers, adopted human-centred methodologies (e.g., Personas, scenarios, focus groups) to identify and characterize the profile and anxiety triggering contexts for the academic community, proposing specific therapeutic techniques that might be applicable, in those contexts.

Results: Three stakeholders were identified and characterized: first-year students, students in evaluation periods, and early-stage teachers. The diverse nature of the anxiety inducing contexts and the need to support users throughout the campus motivated the proposal of a first mHealth tool prototype delivering several evidence-based techniques for managing anxiety.

Conclusions: This approach enabled a clear characterization and understanding of the user and anxiety triggering scenarios to support the proposal of a custom mHealth approach. The implemented techniques are now being assessed in a laboratory setting before the first pilot trials.

Conflict of interest: No

Keywords: higher education; mHealth; Anxiety; mobile health

EPV0102

Anxiety during pregnancy, about 62 cases

D. Mnif* and R. Sellami

HEDI CHAKER hospital, Psychiatric Service, SFAX, Tunisia

*Corresponding author.

Introduction: Pregnancy challenges the identity of the future woman and disrupts her psychic balance. Several authors associate the gestational period with a moment of emotional and relational

disorganization. Many anxious symptoms testify to the intensity of this period of vulnerability.

Objectives: Evaluate anxiety as a trait and state during the terms of the pregnancy.

Methods: A cross-sectional descriptive study conducted during the month of February 2018 at the consultation of the gynecology and obstetrics department on a population of 62 pregnant women. We used an information sheet on participants' socio-demographic and clinical data and the State-Trait Anxiety Inventory (STAI-Y) to assess anxiety in 2 forms: anxiety-state and anxiety-trait.

Results: The average age of the participants was 29.7 years old. Of the women surveyed, 35.5% had exaggerated sympathetic signs. According to a dimensional approach, the mean anxiety-state score was 46.72 with a standard deviation of 9.67 and the mean anxiety-trait score was 43.24 with a standard deviation of 8, 25. According to a categorical approach, most women were anxious with a prevalence of anxiety-state of 71% and anxiety-trait of 50%. The results of the sociodemographic parameters analyzed did not show any significant difference in terms of anxiety-state and trait anxiety. Anxiety-state was significantly more common in the 3rd trimester of pregnancy ($p = 0.049$). We found a significant correlation between exaggeration of sympathetic signs and anxiety-trait ($p = 0.02$).

Conclusions: Anxiety is common in pregnant women. It plays an unfavorable role on the woman's health during pregnancy and postpartum and that of her newborn.

Conflict of interest: No

Keywords: Anxiety; anxiety trait; anxiety state; Pregnancy

EPV0103

Phantom phone signals in undergraduate university students of different faculties

E. Nikolaev

Ulianov Chuvash State University, Department of Social And Clinical Psychology, Cheboksary, Russian Federation

Introduction: Most of the research on effects of mobile phone use has been based on medical students. Not less interesting is to compare manifestations of phantom phone signals (PPS) in the students of different faculties.

Objectives: The goal is to determine the peculiarities of manifestation of PPS in undergraduate university students of different faculties.

Methods: The research is based on the survey of 406 university students of four faculties – future dentists, engineers, economists, and psychologists. Survey questions concerned the specificity of a student's interaction with personal smartphone.

Results: Phantom ringing syndrome was more often in students of the economic faculty ($p=0.03$) than in students of the engineering faculty (74.0% vs 55.9%), and it insignificantly bothers future dentists (1.2%) and engineers (1.7%). We found no significant differences in prevalence of phantom vibration syndrome in different faculties (54.2% - 66.0%). Smartphone relocation helps more often ($p=0.011$) future dentists (15.3%) than future engineers (1.7%) to cope with the problem. PPS manifestation with the telephone switched off was more often ($p=0.05$) revealed in dental students

(36.2%) as compared to psychology students (17.9%). With no access to their smartphone during a day, future dentists (18.4%) experienced severe emotional anxiety more often ($p=0.016$) than future economists (7.0%). At this, future engineers (28.8%) twice as often ($p=0.039$) as future economists (14.0%) dismissed this fact.

Conclusions: We have revealed valid differences in the manifestation of PPS in future professionals, which may be determined by the specificity of the professional university education and the students' personal traits.

Conflict of interest: No

Keywords: Anxiety; phantom phone signals; University students; smartphone use

EPV0104

Mechanisms of anxiety – a reappraisal on GABAA receptor subunits and role of benzodiazepines

C. Novais^{1*}, H. Fernandes² and M. Vieira-Coelho³

¹BIAL - Portela & C.^a, S.A, Department of Research And Development, Coronado (S. Romão e S. Mamede), Portugal; ²BIAL - Portela & C.^a, S.A., Department of Research And Development, Coronado (S. Romão e S. Mamede), Portugal and ³Centro Hospitalar Universitário de São João, Psychiatry, Porto, Portugal

*Corresponding author.

Introduction: γ -aminobutyric acid type A receptors (GABAA-Rs) are the major mediators of synaptic inhibition in the human brain. Advances about the pharmacological properties of GABAA-Rs have contributed to our understanding about its function.

Objectives: In this study, we review the GABAA-Rs subunit's composition research with emphasis on their impact on benzodiazepine's choice for anxiety.

Methods: Relevant literature was identified by searching the PubMed, using the keywords "benzodiazepine", "GABAA receptor" and "anxiety". Forty-two papers were included for qualitative analysis.

Results: The benzodiazepine receptor (BZD-R) is an intrinsic positive allosteric modulatory site of the GABAA-R-chloride channel complex that can be opened by the inhibitory neurotransmitter GABA. Years after the discovery of the BZD-R, studies revealed heterogeneity in the subunit composition of GABAA-Rs, which comprises five subunits, and is classified into three major groups (α , β and γ) and several minor ones. The α subunit is the main determinant of the variability of the benzodiazepine site's affinity and efficacy. Receptors containing the $\alpha 1$ subunit mediate sedation and serve as targets for sedative hypnotics. Selective agonists for $\alpha 2$ and/or $\alpha 3$ containing GABAA-R have been shown to provide anxiolysis without sedation. Inverse selective agonists for $\alpha 5$ subunit provide memory enhancement. Currently there are no total selective benzodiazepines targeting the different GABAA-Rs. For anxiety treatment, the suitable benzodiazepine should have $\alpha 2$ and/or $\alpha 3$ selectivity.

Conclusions: More recent research has been trying to identify more selective GABAA-R-subtype compounds. Furthermore, we must also consider a tailored benzodiazepine choice regarding treatment of anxiety.

Disclosure: Dr. Novais and Dr. Fernandes are employees of Bial, Portela & C.^a, S.A.

Keywords: benzodiazepine; GABAA receptor; Anxiety

EPV0105

Role of hope, personality, dissociation, and self-stigma in the treatment of the resistant anxiety disordersM. Ociskova¹, J. Prasko^{1*}, M. Slepecky² and A. Kotianova²¹Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic and ²Faculty of Social Science and Health Care - Constantine the Philosopher University in Nitra- Slovak Republic, Department of Psychology Sciences, Nitra, Slovak Republic

*Corresponding author.

Introduction: Hope has a direct effect on the effectiveness of psychotherapy. Dissociation proved to be one of the important factors influencing treatment efficacy in anxiety disorders. Self-stigma complicated adherence of the patients to the treatment.**Objectives:** The hypothesis is that the increase of self-stigma is connected with the level of dissociation and both lead to a decrease in self-esteem and could also decrease treatment effectiveness in patients with anxiety disorders.**Methods:** A total of 109 patients were evaluated the start and end of therapy by the following scales: Mini International Neuropsychiatric Interview; The Internalized Stigma of Mental Illness Scale; Adult Dispositional Hope Scale; Temperament and Character Inventory – Revised Version; Clinical Global Impression (CGI; objective and subjective); Beck Anxiety Inventory; Beck Depression Inventory – Second Edition; Dissociative Experiences Scale. The therapeutic program included 25 group sessions and 5 individual therapy sessions of cognitive behavioral therapy or psychodynamic therapy in combination with pharmacotherapy.**Results:** Greater improvement in psychopathology, assessed by the relative change of the objective CGI, was associated with lower initial levels of dissociation, pathological dissociation, harm-avoidance, and self-stigma, and higher levels of hope and self-directedness. There were differences in the relative changes in objective CGI between the subgroups with and without a comorbid personality disorder. The patients without comorbid personality disorder improved significantly more than those with that disorder.**Conclusions:** Treatment effectiveness in anxiety disorders is related to self-stigma, hope, harm-avoidance, self-directedness, and dissociation. Supported by the research grant VEGA no. APVV-15-0502**Conflict of interest:** No**Keywords:** anxiety disorders; dissociation; self-stigma; hope

EPV0106

Relationship between self-stigma and personality in mixed neurotic spectrum and depressive disorders

M. Ociskova and J. Prasko*

Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic

*Corresponding author.

Introduction: A number of patients suffering from psychiatric disorders experience a stigma associated to prejudices about psychiatric diseases. It has been publicized that stigma is most detrimental when it is internalized.**Objectives:** The objectives of this research were to identify factors, which are significantly related to self-stigma in patients with anxiety disorders.**Methods:** 109 patients with anxiety disorders and some of them with comorbidity with depressive or personality disorders, who were admitted to the psychotherapeutic department, participated in the study. All patients completed several psychodiagnostic methods – Internalized Stigma of Mental Illness Scale, Temperament and Character Inventory, Adult Dispositional Hope Scale, Dissociative Experiences Scale, Beck Anxiety Inventory, Beck Depression Inventory, and Clinical Global Impression (also completed by the senior psychiatrist).**Results:** The overall level of self-stigma was positively connected to a comorbidity with a personality disorder, more severe symptomatology, more intense symptoms of anxiety and depression, and higher levels of dissociation and harm avoidance. Self-stigma was negatively related to hope, reward dependence, persistence, self-directedness, and cooperativeness. A multiple regression analysis showed that the most significant factors connected to self-stigma are harm avoidance, the intensity of the depressive symptoms, and self-directedness.**Conclusions:** Patients with anxiety disorders with and without comorbidity with depressive and personality disorders may suffer from self-stigma. Individuals with greater sensitivity to rejection and other social aversive stimuli are prone to the development of self-stigma. Other personality factors, such as hopeful thinking and self-acceptance, serve as factors of resilience about self-stigma.**Conflict of interest:** No**Keywords:** self-stigma; / hope /; anxiety disorders; Dépression

EPV0107

Dissociation and therapy of depressive and anxiety disorders with or without personality disordersJ. Prasko^{1*}, M. Ociskova¹, M. Slepecky² and A. Kotianova²¹Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic and ²Faculty of Social Science and Health Care - Constantine the Philosopher University in Nitra- Slovak Republic, Department of Psychology Sciences, Nitra, Slovak Republic

*Corresponding author.

Introduction: Dissociation is important feature of the patients with anxiety disorders and depressive disorders.**Objectives:** Goal of the study was to analyze the impact of dissociation on the treatment of the patients with anxiety/neurotic spectrum and depressive disorders, and with or without personality disorders.**Methods:** The sample consisted of inpatients with neurotic spectrum disorders and depressive disorder. The participants completed Beck Depression Inventory, Beck Anxiety Inventory, subjective version of Clinical Global Impression-Severity, Sheehan Patient-Related Anxiety Scale, and Dissociative Experience Scale, at the start and the end of the therapeutic program**Results:** The total of 840 patients with anxiety or depressive spectrum disorders, who were resistant to pharmacological treatment were referred for hospitalization for the six-week complex therapeutic program, were enrolled in this study. 606 of them were statistically analyzed. The patients' ratings significantly reduced during the treatment. Patients without comorbid personality disorder improved significantly more than patients with comorbid personality disorder in the reduction of depressive symptoms. However, there were no significant differences in change of anxiety and severity of disorder between the patients with and without

personality disorders. The higher degree of dissociation at the beginning of the treatment predicted minor improvement.

Conclusions: Dissociation presents an important factor influencing treatment effectiveness in the treatment-resistant patients with anxiety/depression with or without personality disorders. Supported by the research grant VEGA no. APVV-15-0502

Conflict of interest: No

Keywords: Dépression; dissociation; cognitive behavioral therapy; anxiety disorders

EPV0108

I know i will die, but when?

K. Puljic^{1*}, M. Herceg² and D. Herceg³

¹University Psychiatric Hospital Vrapče, Department For Psychotic Disorders, Zagreb, Croatia; ²School of Medicine, University of Zagreb, Croatia 2 University Psychiatric Hospital Vrapče, Zagreb, Croatia, Department For Psychotic Disorders, Zagreb, Croatia and ³School of Medicine, University of Zagreb, School Pf Medicine, Zagreb, Croatia
*Corresponding author.

Introduction: Brugada syndrome is a genetic disorder which is characterized by the abnormal electrical activity and increased risk of sudden cardiac death.

Objectives: The aim of this case is to present a patient with Brugada syndrome, which develop anxiety symptoms and discuss about treatment options if connected to anxiety disorder.

Methods: A 45 years old female patient, married, mother of two, employed, without psychiatric treatment so far. She attends the first psychiatric examination for support and initially refuses psychopharmacotherapy. Three months ago, she was diagnosed with Brugada syndrome, which was also diagnosed to her son and daughter a few years back. The patient has been overwhelmed with a sense of fear and worry, becoming less functional in all spheres of life. She presents anxious with negative anticipation of future, occasional lack of air, dysphoric/subdepressed mood, without psychotic production and suicidal thoughts, but has overprotective behaviour towards her children.

Results: The patient rejected psychopharmacological treatment which requires special caution of drug selection. She began individual psychotherapy to learn more coping strategies, but the group psychotherapy is also recommended.

Conclusions: We emphasize the importance of timely diagnosis of Brugada syndrome, but also of recognizing symptoms of the anxiety spectrum if they occur because the physical symptoms of anxiety disorder could be mistaken and interweave with presenting symptoms of Brugada syndrome.

Conflict of interest: No

Keywords: Brugada syndrome; Psychiatry; Anxiety; womwn

EPV0109

Psychosomatic diseases as a result of stress caused by robberies

T. Sabo^{1*}, M. Vranko², D. Bosnjak Kuharic³, T. Cervenjak⁴, P. Brečić⁵ and T. Jendričko⁶

¹University Psychiatric Hospital Vrapce, Department of Affective Disorders, Zagreb, Croatia; ²University Psychiatric Hospital Vrapče, Department of Psychotherapy, Department of Social Pedagogy,

Zagreb, Croatia; ³University Psychiatric Hospital Vrapce, Department For Diagnostics And Intensive Care, Zagreb, Croatia; ⁴General Hospital Vinkovci, Department For General Psychiatry, Vinkovci, Croatia; ⁵University Psychiatric Hospital Vrapče, Department of Affective Disorders, Zagreb, Croatia and ⁶University Psychiatric Hospital Vrapče, Department of Psychotherapy, Zagreb, Croatia
*Corresponding author.

Introduction: Response to traumatic event is the result of a complex interaction of many variables: type of stressful event, individual characteristics, subjective response and social support.

Objectives: To show effects of different internal and external factors on the development of psychosomatic diseases.

Methods: We will present a case of a female patient who developed a series of psychosomatic diseases after she was the victim of five armed robberies. The patient has been in psychiatric outpatient treatment since 2015 under the diagnosis of Post-traumatic stress disorder (PTSD).

Results: Not being able to defend herself and her colleagues from the robbers lead to intense feelings of guilt and humiliation that impacted her daily functioning and became a part of her nightmares. After the robbery, patient developed arterial hypertension, diabetes mellitus, psoriasis vulgaris and inversa. Risk factor for developing psychiatric and psychosomatic symptoms was her cultural background with ideas that women must not reach out for help, have to act as support for others and suppress their own feelings. After the fourth robbery, helplessness, a feeling previously unknown to her, finally led to her first contact with psychiatrist. In her case, strong social support from family members was a protective factor.

Conclusions: As a traumatic event, robbery may have consequences on both psychological and physical integrity of the victims leading to different clinical presentations including PTSD and different psychosomatic diseases. Integrative approach comprising of psychotherapy, sociotherapy and pharmacotherapy is essential in complicated cases like this.

Conflict of interest: No

Keywords: Psychosomatic disease; Traumatic event; psychotherapy, Posttraumatic Stress Disorder

EPV0110

The rise of severe anxiety when exposed to food – a specific phobia case report

N. Santos*, A. Alho, R. Gasparinho, L. Ferreira, M. Martins, N. Fernandes and E. Sêco

Hospital Distrital de Santarém, Psychiatry And Mental Health, Santarém, Portugal

*Corresponding author.

Introduction: Specific phobias are characterized by excessive and persisting fear of a certain object or circumstance. The diagnosis of specific phobia requires active avoidance of the feared object or the development of extreme anxiety when exposed to the phobic situation.

Objectives: To present a case-report illustrating the diagnosis and management challenges in patients with specific phobias.

Methods: Literature research using "PubMed" database with MeSH term "Phobic Disorders"[Mesh]. Restricted to review articles written in English, published over the last 10 years. Total of 233 results; 10 articles selected. Information regarding the clinical case was obtained by consulting the patient's file.

Results: Woman, 37 years old. Complained of a feeling of obstruction in her throat after an episode of choking while eating, 3 months ago. Recalled serious dyspnoea and anxiety during the incident. The feeling of obstruction worsened so she started eating only doughy food and fluids, losing 9kg of weight. Underwent an upper digestive endoscopy, which showed no significant findings. Was then referred to a psychiatry appointment during which the patient reported being afraid to suffocate while swallowing saliva. On mental state examination, was identified severe anxious humour. The diagnosis of phagophobia was suspected. Psychoeducation and treatment with a selective serotonin reuptake inhibitor were started. Symptoms markedly improved and the patient was completely asymptomatic after 4 months.

Conclusions: This case emphasizes that specific phobias can masquerade as organic disorders. A clinical evaluation by a physician combined with a prompt psychiatric evaluation may reduce the duration of the diagnostic period and lessen iatrogenic damage.

Conflict of interest: No

Keywords: Anxiety; Specific phobias; phagophobia

EPV0111

Life-threatening somatic symptom disorder: a case report

N. Santos*, A. Alho, M. Martins, N. Fernandes, L. Ferreira, R. Gasparinho and E. Sêco

Hospital Distrital de Santarém, Psychiatry And Mental Health, Santarém, Portugal

*Corresponding author.

Introduction: Somatic symptom disorder (SSD) is characterized by the idea that one has a serious disease based on misinterpretation of physical symptoms, causing significant impairment in one's life.

Objectives: To present a case-report of severe SSD.

Methods: Research using "PubMed" database with MeSH term "Hypochondriasis". Restricted to articles written in English, published in the last 5 years. Total: 114 results; 12 articles selected. Information regarding the clinical case obtained by consulting patient's file.

Results: Man, 42 years old. Past medical history: abdominal trauma requiring surgical management; heroin use disorder. Pharmacological regimen: methadone 40mg/day. Went to the emergency department 12 times over the previous 6 months complaining of constipation. Bowel obstruction due to adhesions was suspected versus constipation due to opiates. Admitted to general surgery ward. Work-up showed no findings. Constipation remained despite therapeutic measures. Returned a month after discharge with the same complaint. Felt his pylorus was "obstructed" thus had only ingested fluids for the previous 22 days. Lost 15kg. Was referred for psychiatric evaluation. Mental state examination identified: speech centred in somatic complaints; severely anxious mood; lack of insight. Diagnosis of severe SSD was suspected. Admitted to psychiatry ward. Psychoeducation was done and started treatment with selective serotonin reuptake inhibitor. Completely asymptomatic 15 days after admission.

Conclusions: This case reiterates the importance of considering SSD as a differential diagnosis of clinical symptoms with no objective organic findings, evaluating the clinical scenario as a whole and not focusing on a single symptom. This is crucial to guide precise therapeutic management, avoiding iatrogenesis and life-threatening situations.

Conflict of interest: No

Keywords: somatic symptom disorder; Hypochondriasis

EPV0113

Therapeutic management of anxiety disorders due to multiple sclerosis

O. Vasiliu

University Emergency Central Military Hospital Dr. Carol Davila, Psychiatry, Bucharest, Romania

Introduction: Multiple sclerosis (MS) is a severe neurological disorder and the white matter abnormalities as well as the involvement of corpus callosum may represent the links between MS and psychiatric disorders. The onset of anxiety disorders in MS patients may further worsen their daily functionality and quality of life.

Objectives: To report a case series of patients diagnosed with MS who also presented anxiety disorders after the onset of their neurological disease.

Methods: Three patients, 2 male and one female, mean age 45.3 years, diagnosed with MS, were evaluated in an out-patient setting for anxiety disorders. The diagnoses of panic disorder (n=2) or generalized anxiety disorder (n=1) were confirmed according to the DSM-5 criteria, and treatment was initiated with either escitalopram (15 mg daily dose, n=2) or sertraline (100 mg daily dose, n=1). These patients were monitored for 6 months using Hamilton Anxiety Rating Scale-17 items (HAMA), Clinical Global Impressions-Severity (CGI-S), and Global Assessment of Functioning (GAF) every 4 weeks.

Results: The mean decrease of the HAMA score was 15.6 points at endpoint compared to baseline, and two patients reached the level of remission. GAF and CGI-S scores reflected this favourable evolution in all three cases, with a mean improvement of 43.6% and 52.2%, respectively. No significant adverse events were reported during the 6-month monitoring period.

Conclusions: The case manager should be aware of the high risk for anxiety disorders in MS patients. Escitalopram and sertraline are good therapeutic options because they are both efficient and well tolerated.

Disclosure: The author was speaker for Servier, Eli Lilly and Bristol-Myers, and participated in clinical trials funded by Janssen-Cilag, Astra Zeneca, Otsuka Pharmaceuticals, Sanofi-Aventis, Sunovion Pharmaceuticals.

Keywords: generalized anxiety disorder; multiple sclerosis; anxiety disorders; panic disorder

EPV0115

Virtual/augmented reality and neurofeedback in the treatment of agoraphobia and social phobia - a comparative and randomized study

F. Canais^{1*}, R. Maçorano¹, H.A. Ferreira¹, A. Charraz², Y. Martins², A. Matos Pires² and M. Suárez-Gómez²

¹Faculty of Sciences of Lisbon University, Biophysics And Biomedical Engineering Institute, Lisbon, Portugal and ²Unidade Local de Saúde do Baixo Alentejo, Psychiatry, Beja, Portugal

*Corresponding author.

Introduction: The efficacy of virtual/augmented reality (VR/AR) games in phobia treatment, as a complement to the conventional methods, is already broadly studied. However, this method lacks

objective metrics, since the exposure level does not suit the state of the patient. Thus, the hypothesis to add neurofeedback to objectify and personalize the treatment, arose.

Objectives: In this work, a study with six already-diagnosed patients (three agoraphobia - AP, three social phobia - SP), undergoing psychotherapy, was performed. The study had a five-month duration, with a mean interval of two weeks between sessions. The aim was to evaluate the efficacy and tolerance of using serious games directly controlled by neurofeedback.

Methods: For that, the patients wore a headband that measured Electroencephalography (EEG) and Photoplethysmography (PPG), which were then translated into brain signals and heart-rate, as they watched the virtual scenarios. In this phase of the work, the different levels of the games were played without direct control from the physiological data acquired. Afterwards, the goal is to test the game control already integrated, directly from the physiological data readings. Before each session, the patients completed two scales: Beck Anxiety Inventory (BAI), and Severity Measure for Agoraphobia (SMA) or Liebowitz Social Anxiety Scale (LSAS).

Results: Outcomes show a positive effect: AP patients had a mean decrease on phobic symptoms of 13.43%; and SP patients had a mean decrease of 3.45%.

Conclusions: The study shows that the addition of VR/AR in psychotherapy is positive. Future work will be conducted to assess the effect of the neurofeedback control.

Conflict of interest: No

Keywords: Virtual/Augmented Reality; Digital therapeutics; neurofeedback; digital health

EPV0118

Specifics of emotional regulation and cognitive processing in acute myocardial infarction

O. Nikolaeva¹, E. Nikolaev^{2*}, A. Bogdanov², A. Zakharova³ and N. Maksimova³

¹Chuvash Republic Cardiology Clinic, Cardiosurgery Unit, Cheboksary, Russian Federation; ²Ulianov Chuvash State University, Faculty of Medicine, Cheboksary, Russian Federation and ³Ulianov Chuvash State University, Social And Clinical Psychology Department, Cheboksary, Russian Federation

*Corresponding author.

Introduction: Alexithymia as a personality construct reflecting deficit of emotional regulation and cognitive processing is considered a universal trait that transcends cultural differences (Taylor et al.). In acute myocardial infarction (AMI) it is associated with delayed treatment seeking (Carta et al.).

Objectives: The aim of the study was to explore the specifics of emotional regulation and cognitive processing in AMI patients through measuring the three-factor structure of alexithymia.

Methods: The instrument that we used was the Russian version of Toronto Alexithymia Scale (TAS-20-R) (Starostina et al.) which was administered to 48 AMI patients during their in-patient treatment in Cardiology Clinic.

Results: The prevalence of alexithymia among AMI patients was 68.8% (31.25% - moderate level, 37.5% - high level). The integral index of alexithymia in the examined patients as compared to the scientific data was surely higher ($p=0.039$). The concept characteristic of the identified differences was a higher level of the difficulty

identifying feelings factor ($p=0.0063$). We have also revealed significant interrelations of alexithymia with the lipid status of the AMI patients. We identified positive correlations between the level of high-density lipoproteins (HDL) and the general index of alexithymia ($r=0.37$) and the factors that constitute its structure - difficulty identifying feelings ($r=0.27$), difficulty describing feelings ($r=0.40$), externally oriented thinking ($r=0.33$).

Conclusions: Deficit of emotional regulation and cognitive processing as manifestations of alexithymia have been monitored in two thirds of AMI patients. Its higher level is characterized by patients' difficulty describing their own feelings. Positive interrelations of alexithymia with the HDL level need further studying.

Conflict of interest: No

Keywords: emotional regulation; cognitive processing; Alexithymia; acute myocardial infarction

Bipolar disorders

EPV0122

Bipolar disorder misdiagnose: a case report of cushing's disease psychiatric manifestations.

R. De Hita Santillana^{1*}, Á. Cerame Del Campo² and M.L. Costa Ferrera Da Silva³

¹Instituto psiquiatrico Jose Germain, Psychiatric Trainee, leganes, Spain; ²Instituto Psiquiatrico José Germain, Psiquiatría, Leganés, Spain and ³Instituto psiquiatrico Jose Germain, Psychiatrist, leganes, Spain
*Corresponding author.

Introduction: Diagnostic manuals agree on the need to rule out organic causes before making the diagnosis of bipolar disorder.

Objectives: To highlight the importance of carrying out a comprehensive study to rule out possible treatable causes which could be producing psychiatric symptoms.

Methods: We present a case report of a 60-year-old woman with no prior psychiatric history who, in the course of 4 months, developed symptoms of irritability, loss of social distance, behavioural disorganization, impulsive shopping, magical delusions and nocturnal hyperactivity. Episodes of mutism and self-limited language alterations were similarly observed. The patient was referred by her family doctor to our out-patient department due to a suicide attempt by ingesting soap after which she did not seek medical assistance. At her request, she was admitted into a private psychiatric institution for a month where she was diagnosed with bipolar disorder. After discharge and despite the established pharmacological treatment, no symptomatic improvement was observed. She was then admitted into our hospital where after screening test she was diagnosed with ACTH-producing pituitary macroadenoma.

Results: The patient was intervened by the Neurosurgery department through trans-sphenoidal resection and the symptoms progressively disappeared.

Conclusions: It is of vital importance to rule out organic causes prior to the diagnosis of bipolar disorder.

Conflict of interest: No

Keywords: Bipolar; cushing; ORGANIC

EPV0123

When there is no other option: ECT in bipolar disorder

R. De Hita Santillana^{1*}, C. Aguilar Romero², A. Suárez Velázquez³ and Á. Cerame Del Campo⁴

¹Instituto psiquiátrico Jose Germain, Psychiatric Trainee, leganes, Spain; ²Hospital Universitario Severo Ochoa, Uhb, Leganés, Spain; ³Instituto Psiquiátrico Montreal, Hospital De Día-cet, Madrid, Spain and ⁴Instituto Psiquiátrico José Germain, Psiquiatría, Leganés, Spain
*Corresponding author.

Introduction: Electroconvulsive therapy (ECT) is indicated for the treatment of both manic and depressive phases of bipolar disorder in some cases: the severity of the symptoms, the necessity of an urgent response or the impossibility of using drugs for the treatment.

Objectives: To show the benefits of the application of ECT in patients with comorbidities with a case communication.

Methods: We present a 60-year old male patient with a bipolar disorder diagnosis with 41 years of treatment history. Due to a depressive episode, he was admitted to the psychiatric ward. Symptoms consisted of mutism, psychomotor retardation, and refusal of oral intake of food (BMI 14.5) and hydration, attributing the latter with autolytic intentionality. His vital risk was aggravated because of chronic renal failure and nephrogenic diabetes insipidus, both related to the treatment with lithium he had followed for years, requiring an adequate water intake. During his admission symptoms hadn't responded to therapeutical dosages of venlafaxine that hadn't been able to be increased over 150 mg/day due to adverse effects. Analysis ordered by the Nephrology department indicated that he presented SIADH (syndrome of inappropriate anti-diuretic hormone) related to treatment with valproate, as it remitted after stopping the drug. Together with the family judicial authorization for treatment with ECT was requested and granted.

Results: We administered up to 12 ECT sessions, with clinical improvement after the 5th-6th session.

Conclusions: ECT is a therapeutical option to consider in cases of severe psychiatric disorders in which a pharmacological approach is not enough or is not well tolerated.

Conflict of interest: No

Keywords: electroconvulsive; comorbidities; Bipolar

EPV0127

Residual symptoms and specific functional impairments in euthymic patients with bipolar disorder

R. Felhi^{1*}, S. Chebli¹, A. Bouallagui², M. Karoui³ and F. Ellouze³

¹Razi hospital, Forensic Psychiatry, Manouba, Tunisia; ²Razi hospital, Psychiatry Ward B, Manouba, Tunisia and ³Razi hospital, Psychiatry Ward G, Manouba, Tunisia
*Corresponding author.

Introduction: Functional disability in bipolar disorder, despite optimal treatment, has been associated with residual symptoms. Nevertheless, the impact and relevance of each of them remain unclear in clinical practice.

Objectives: The aims of the present study were to evaluate the impact of residual symptoms on overall functioning in euthymic patients with bipolar disorder and to explore the relationship

between residual symptoms and specific areas of functional impairment.

Methods: This was a cross-sectional, non-interventional study of adult bipolar outpatients. All patients were euthymic at the time of assessment (YMRS score <8 and BDRS ≤8). The Functioning Assessment Short Test was used to assess overall and specific domains of functioning (autonomy, occupational functioning, cognitive functioning, financial issues, interpersonal relationships, and leisure time). Various residual symptoms were assessed (residual mood symptoms, sleep and sexual disorders). Logistic correlation was used to determine the best model of association between functional domains and residual symptoms.

Results: Almost quarter of 40 patients included (22,5%) had poor overall functioning. Residual depressive symptoms were associated with poor overall functioning and occupational functioning outcome ($r=0,405$, $p=0,009$; $r=0,343$, $p=0,003$ respectively). In addition, sleep quality appeared to have an impact on global functioning and autonomy ($r=0,402$, $p=0,01$; $r=0,46$, $p=0,003$ respectively). Residual manic symptoms and sexual function weren't correlated with functioning impairment.

Conclusions: In this study, residual depressive symptoms and sleep quality impairments were the most prominent factors associated with the level of functioning. Thereby, these residual symptoms need to be targeted in order to optimize bipolar patients functioning and quality of life.

Conflict of interest: No

Keywords: Bipolar disorder; residual symptoms; functioning

EPV0129

Hetero-aggressive behavior in bipolar disorders: along the thread of affective temperaments and predominant polarity

G. Fico^{1*}, N. Verdolini¹, G. Anmella¹, I. Pacchiarotti² and A. Murru²

¹Bipolar and Depressive Disorders Unit, IDIBAPS, CIBERSAM,, Institute of Neuroscience, Hospital Clinic, University Of Barcelona,, Barcelona, Spain and ²Bipolar and Depressive Disorders Unit, Hospital Clínic de Barcelona, Psychiatry, Barcelona, Spain
*Corresponding author.

Introduction: Aggressive behaviors represent a public health concern and although most psychiatric patients are not aggressive, bipolar disorders (BDs) are associated with increased risk of these behaviors. Previous research focused on self-aggression identifying different predictors including affective temperaments and predominant polarity (PP), but little is known about hetero-aggressive behavior (HAB).

Objectives: To explore the association between affective temperaments, PP and HAB and clinical predictors of HAB in BDs.

Methods: A total of 371 subjects with BDI o BDII were recruited from the Barcelona Bipolar Disorder Program. Data on HAB were obtained from structured interviews with the patients or electronic clinical records. Affective temperaments were assessed with the TEMPS-A. Patients with and without HAB were compared regarding Clinical and sociodemographic variables and a logistic regression was performed.

Results: 81 patients reported HAB which was associated positively with substance use (SU) ($p=0.004$), manic polarity ($p=0.024$) and treatment with atypical antipsychotics ($p=0.030$) and negatively

with depressive polarity (DP) ($p=0.032$) and hyperthymic temperament ($p=0.025$). After logistic regression, SU was positively associated with HAB (OR 2.05 [95% CI 1.18-3.57] $p = 0.001$) and DP negatively (OR 0.44 [95% CI, 0.20-0.97] $p=0.042$).

Conclusions: Current evidence on prevention strategies for HAB in BDs is limited. It is possible that high levels of impulsivity in BDs, as linked to behavioral dyscontrol and SU, can lead to HAB. The evaluation of PP and SU should direct in the prevention of HAB, but the assessment of self-aggressive behaviors remain the main focus for a clinician.

Conflict of interest: No

Keywords: aggressive behaviour; predominant polarity; affective temperaments; Bipolar Disorders

EPV0130

Gender differences in hospitalized patients with bipolar disorder in Spain.

A. García^{1*}, D. Hernández-Calle², G. Kollias³, A. Suárez Lorenzo³, J. Curto Ramos³, Í.I. Louzao¹ and M.F. Bravo-Ortiz³

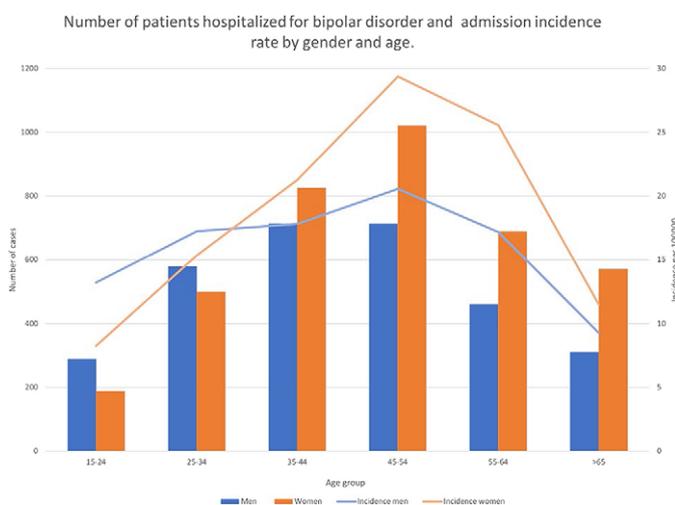
¹Hospital Universitario La Paz, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain; ²Hospital Universitario La Paz, Psychiatry, Madrid, Spain and ³La Paz University Hospital, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Previous studies have analyzed the influence of gender on demographical and clinical patterns of patients with bipolar disorder. It remains unclear the association between gender and inpatient characteristics in bipolar patients.

Objectives: The aim of this study is to investigate the association between gender and demographical and clinical features of patients hospitalized for bipolar disorder.

Methods: Admission data were extracted from national database of 2013 (CMBD-H). Patients with primary diagnosis of bipolar disorder were included using International Classification of Diseases, 9th revision, Clinical Modification (ICD-9 CM). To study the association between gender and qualitative and quantitative variables, Chi-square and T-student tests were applied. Admission rates by gender per 10.000 people were calculated by age-standardized rates obtained by National Statistic database 2013 (INE).



Results: The database included 8.384 admissions by 6.846 patients. The number of readmission was higher in men ($p<0,05$). The mean age in women was higher than men (48 years vs 44 years, respectively; 95% CI $p<0,05$). Most patients were diagnosed with bipolar disorder type I. Up to 63 % of patients were admitted for manic episodes, the number of episodes was significantly higher ($p<0,05$) in men than women. It was followed by mix and depressive episodes which were higher in women ($p<0,05$).

Conclusions: This study reveals gender differences in demographical and clinical variables of patients hospitalized for bipolar disorder. It is necessary further research on this topic to understand the causes of this findings.

Conflict of interest: No

Keywords: Bipolar disorder; Gender; inpatient

EPV0131

Comorbidities and gender differences in hospitalized patients with bipolar disorder

A. García^{1*}, D. Hernández-Calle¹, G. Kollias¹, A. Suárez Lorenzo², J. Curto Ramos², Í.I. Louzao¹ and M.F. Bravo-Ortiz³

¹Hospital Universitario La Paz, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain; ²La Paz University Hospital, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ³La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

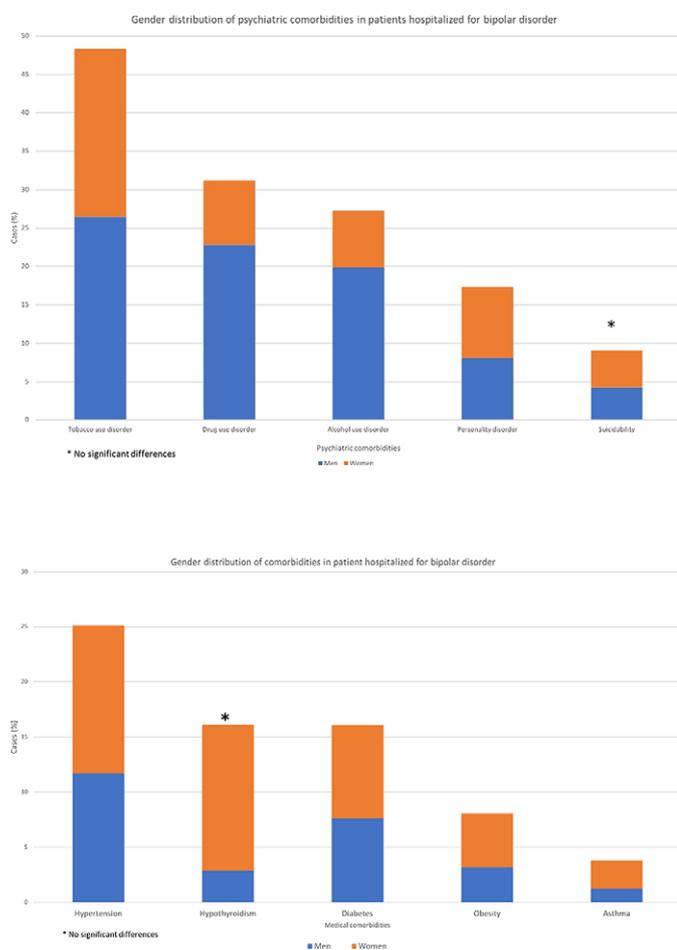
*Corresponding author.

Introduction: Past studies have investigate the influence of gender in medical and psychiatric disorders in patients with bipolar disorder. The association of gender and comorbidities remains unclear.

Objectives: The aim is to identify physical and mental comorbidities of patients hospitalized for bipolar disorder and to analyse them by gender.

Methods: Admission data were extracted from national database from 2013(CMBD-H). All patients hospitalized for bipolar disorder as primary diagnosis were included using International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). Chi-square and logistic regression models were applied to identify the association in comorbidities by gender.

	OR adjust(95% CI)
Medical comorbidities	0.88(0.75,1.03)
Hypertension	4.78(3.79,6.04)*
Hypothyroidism	0.88(0.73,1.06)
Diabetes	1.39(1.08,1.79)*
Asthma	2.26(1.55,3.31)*
Psychiatric comorbidities	
Tobacco use disorder	0.80(0.72,0.90)*
Drug use disorder	0.30(0.26,0.34)*
Alcohol use disorder	0.33(0.28,0.38)*
Personality disorder	1.30(1.10,1.55)*
Suicidability	1.14(0.90,1.44)
* $p<0,05$	



Results: The most frequent physical comorbidities found in bipolar inpatients were hypertension, hypothyroidism, diabetes, obesity and asthma. Hypothyroidism was more than 4 times higher in women (OR=4,78), followed by asthma and obesity. Tobacco use disorder, alcohol use disorder and drug use disorder were the top three psychiatric comorbidities followed by personality disorder and suicidability. Women had less odds in all substance use disorders like tobacco (OR=0.8), drugs (OR=0.3) and alcohol (OR=0.33); higher odds were found in personality disorder and suicidability in women.

Conclusions: This study reveals important differences in medical and psychiatric comorbidities in bipolar inpatients. Women had more medical comorbidities than men. Substance use disorder had higher rates in men. Further research needs to be done in order to investigate the causes and offer and comprehensive treatment.

Conflict of interest: No

Keywords: Gender; inpatient; Bipolar disorder; comorbidities

EPV0137

From personality disorder to affective one: case report.

C. Martín Villarroyel*, L. Carpio Garcia, J. Dominguez Cutanda, G. Belmonte Garcia, M. Sánchez Revuelta, J. Matsuura and E. Garcia

HOSPITAL PROVINCIAL DE LA MISERICORDIA, Psiquiatría (consultas Externas), TOLEDO, Spain

*Corresponding author.

Introduction: Affective instability is a present feature not only of affective disorders but also of personality ones, particularly on borderline disorder, where is often a difficult diagnosis because of their symptomatic overlap.

Objectives: The objective of this paper is to evaluate whether bipolar disorder and borderline personality disorder are independent or represent different manifestations of the same disorder.

Methods: A bibliographic search was performed from different databases (Pubmed, ScienceDirect) about both entities, from a case series report, showing throw aspects related to differential diagnosis and transition between both.

Results: On many occasions has been proposed to talk about “bipolar spectrum” more than separated diagnostic categories. It would be relevant to propose a paradigm change to allow both entities to be more flexible, with the intention of improving diagnostic boarding and treatment. However there is no agreement between the distinction or the inclusion of Borderline in the Bipolar spectrum. Although mood symptoms are a prominent feature for both of them, the pattern is different. Borderline personality disorder is characterized by transient mood shifts that occur in response to interpersonal stressors, whereas bipolar disorder is associated with sustained mood changes. Studies have proved these disorders can be further distinguished by comparing their phenomenology, etiology and management.

Conclusions: More studies are required to find a correct differentiation between both disorders, allowing a different initial boarding, because there will always be the question if we could modify the course with an early detection and attention. Guidelines for differential diagnosis are suggested and priorities for further research are recommended.

Conflict of interest: No

Keywords: mood symptoms; affective disorders; borderline disorder; differential diagnosis

EPV0138

The combination of pharmacotherapy and a software system at the remission stage for patients with affective disorders

S. Moroz^{1*}, V. Semenikhina², I. Makarova², R. Khaitov² and N. Turishcheva²

¹Dnepropetrovsk Regional Clinic Hospital named after I.I.Mechnikov, Psychosomatic Center, Dnepr, Ukraine and ²Dnipropetrovsk Regional Clinic Hospital named after I.I. Mechnikov, Psychosomatic Center, Dnepr, Ukraine

*Corresponding author.

Introduction: The goal of maintenance treatment is the stable social functioning of patients who have achieved stable remission. Affective pathology always remains dangerous in relation to suicides, relapses, antisocial actions and other complications. Pharmacotherapy during this period consists in continuing effective therapy with mood stabilizers, taking into account its tolerance and safety.

Objectives: Non-pharmacological treatment includes the psychotherapy and software package for the analysis of physiological, psycho-emotional and social data of the patient, collected using smart bracelets and smartphones. The importance in this period belongs to compliance with the treatment regimen. It was noted that with the abolition of part of the treatment, the likelihood of maintaining remission decreases sharply and relapse is observed.

Methods: The treatment of affective disorders is aimed at preventing relapse, developing suicidal behavior and other complications, as well as improving the patient's quality of life. The essence of the pharmacological effect at this stage is to continue the therapy with mood stabilizers.

Results: The software package collects patient data using smart bracelets and smartphones. The system processes this data using an analytical model and machine learning and notifies patient and the attending physician when determining anomalies in the indicators. It becomes possible to adjust psychopharmacotherapy at an early stage of exacerbation.

Conclusions: Comprehensive strategies, including IT technologies used in combination with pharmacotherapy, improve compliance, reduce the risk of relapse and help restore patients' social functioning.

Conflict of interest: No

EPV0140

Impulsivity, decision-making and risk behavior in bipolar disorder and major depression in bipolar multiplex families.

A. Ramírez-Martín^{1*}, J. Guzmán-Parra¹, F. Streit², S. Witt², J. Frank², L. Sirignano², T. Andlauer³, M. Nöthen⁴, A. Forstner⁵, Y. De Diego-Otero¹, F. Mayoral⁶, M. Rietschell² and B. Moreno-Küstner⁷

¹University Regional Hospital of Málaga, Department of Mental Health, Málaga, Spain; ²Central Institute of Mental Health, Department of Genetic Epidemiology In Psychiatry, Mannheim, Germany; ³University Hospital of the Technical University of Munich, Department of Neurology, Munich, Germany; ⁴University of Bonn, Institute of Human Genetics, Bonn, Germany; ⁵University of Bonn School of Medicine & University Hospital Bonn, Department of Genomics, Bonn, Germany; ⁶University Regional Hospital of Málaga, Psychiatry Section, Málaga, Spain and ⁷University of Málaga, Department of Personality, Assessment And Psychological Treatment, Málaga, Spain

*Corresponding author.

Introduction: It is not clear whether in families with a marked genetic risk for bipolar disorder (BD) there are impairments in impulsivity, risk behavior and decision making in BD and major depressive disorder (MDD).

Objectives: To analyze differences in impulsivity, decision making and risk behavior in bipolar multiplex family members diagnosed with BD, MDD and a healthy control group (HC).

Methods: A sample of 8 bipolar multiplex families of an ongoing study (ABIF) was used. A group with a diagnosis of BD (N = 31), another with a diagnosis of MDD (N = 26) and finally a HC group (N = 31) from the families and the community were compared. The Stop Signal Task and the Cambridge Gambling Task from the CAN-TAB battery were used. Mixed logistic regression adjusted by age and gender was carried out. Family structure was included as a random effect using a genetic relationship matrix. The analysis was carried out in R using the function `relmatLmer` of the package `lme4qt14`.

Results: There were significant differences between BD and HC, with higher delay aversion ($p = 0.032$) in BD and marginally significant results with worse response inhibition ($p = 0.057$) and decision making ($p = 0.057$) in BD. No differences were found in risk behavior ($p = 0.181$). There were no significant differences between BD and MDD and between MDD and HC in any variable.

Conclusions: In bipolar multiplex families specific deficits were found in impulsivity in individuals with BD. Larger studies are needed to detect smaller effects.

Conflict of interest: No

Keywords: major depression; Bipolar disorder; Impulsivity; decision-making and risk behavior; bipolar multiplex families

EPV0141

Influence of the combined consumption of tobacco and cannabis on the clinical/functional and cognitive evolution of patients with first manic episodes

L. Rementería*, S. García, J. Fernández, I. González-Ortega, S. Alberich, P. López, I. Zorrilla and A. González-Pinto

University Hospital of Alava-Santiago, Department of Psychiatry, Vitoria-Gasteiz, Spain

*Corresponding author.

Introduction: Numerous studies demonstrate that patients with bipolar disorder present high rates of cannabis (C) and tobacco (T) consumption. The use of these substances has been associated with the progression and increase severity of the disorder, as well as with a greater likelihood of suffering more episodes (manic and depressive), more hospitalizations, suicidal attempts and greater cognitive impairment.

Objectives: The general objective of this study is to analyze the influence of the combined consumption of T and C on the Clinical and functional evolution of patients with first manic episodes and also the cognition.

Methods: The sample consists of 46 patients diagnosed with a first manic episode, according to defined criteria of the DSM IV-TR. The analyses were performed with SPSS v.23 statistical program, applying Kolgorovo-Smirnov, Student's T test to examine the clinic. Besides, univariate general linear models (post-hoc analysis) were carried out to study the cognition.

Results: Although the results are not significant at a functional level among the three groups, they all show improvement after six months. In terms of cognition, there are significant differences in attention and processing speed, being the group that consumes tobacco the one that obtains the best cognitive results.

Conclusions: In conclusion, the combined use of cannabis and tobacco influence notably the Clinical and functional outcome of patients with first manic episodes, being global attention and processing speed being the most affected domains.

Conflict of interest: No

Keywords: First manic episode; Bipolar disorder; Tobacco; cannabis

EPV0142

Treatment and response in a spanish sample of children and adolescents with bipolar disorder

M. Ribeiro-Fernández^{1*} and A. Diez-Suarez^{2,3}

¹Complejo Hospitalario de Navarra, Psiquiatría, Pamplona, Spain;

²Clínica Universidad de Navarra, Psychiatry, Pamplona, Spain and

³The University of Texas, Psychiatry And Behavioral Sciences, Houston, United States of America

*Corresponding author.

Introduction: The treatment of bipolar disorder (BD) in children and adolescents is a challenge for psychiatrists. The delay in diagnosis, difficulty in the prescription and the increased likelihood of side effects can be difficult to start it.

Objectives: To analyze the treatment received in a sample of 72 patients under 18 with bipolar disorder, as well as their response.

Methods: We analyze the treatment received in a sample of children and adolescents with BD. We evaluate the specific treatment, its dose and its response according to Clinical Global Impression (CGI).

Results: 93% of patients required some type of psychotropic drug. 77.8% of patients needed more than one drug. 68% of patients required some antipsychotic, and out of these, more than 11% received clozapine. More than 8% needed lithium and almost 70% were treated with some other stabilizer. The percentage of response to treatment according to CGI was: 20.8% good (CGI 1-2); 45.8% moderate (CGI 3-4); 33.3% insufficient (CGI 5-7).

Conclusions: The results of this study show the need for treatment and the difficulty in controlling symptoms despite such treatment. It is necessary to continue to deepen the treatment of children and adolescents with BD

Conflict of interest: No

Keywords: Bipolar disorder; Children; adolescent; treatment

EPV0143

Treatment and response in a spanish sample of children and adolescents with bipolar disorder

M. Ribeiro-Fernández^{1*} and A. Diez-Suarez^{2,3}

¹Complejo Hospitalario de Navarra, Psiquiatría, Pamplona, Spain;

²Clínica Universidad de Navarra, Psychiatry, Pamplona, Spain and

³The University of Texas, Psychiatry And Behavioral Sciences, Houston, United States of America

*Corresponding author.

Introduction: The treatment of bipolar disorder (BD) in children and adolescents is a challenge for psychiatrists. The delay in diagnosis, difficulty in the prescription and the increased likelihood of side effects can be difficult to start it.

Objectives: To analyze the treatment received in a sample of 72 patients under 18 with bipolar disorder, as well as their response

Methods: We analyze the treatment received in a sample of children and adolescents with BD. We evaluate the concrete treatment, its dose and its response according to Clinical Global Impression (CGI).

Results: 93% of patients required some type of psychotropic drug. 77.8% of patients needed more than one drug. 68% of patients required some antipsychotic, and of these, more than 11% received clozapine. More than 8% needed lithium and almost 70% were with some other stabilizer. The percentage of response to treatment according to CGI was: 20.8% good (CGI 1-2); 45.8% moderate (CGI 3-4); 33.3% insufficient (CGI 5-7)

Conclusions: The results of this study show the need for treatment and the difficulty in controlling symptoms despite such treatment. It is necessary to continue to deepen the treatment of children and adolescents with BD

Conflict of interest: No

Keywords: treatment; Children; adolescent; Bipolar

EPV0148

Switching from carbolithium to lithium sulphate prolonged-release: differences in subjective experience of psychosocial functioning and quality of life

M. Tortorelli*, L. Tatini, G. D'Anna, M. Santella, F. Piumelli, E. Cassioli and A. Ballerini

University of Florence, Psychiatry, Florence, Italy

*Corresponding author.

Introduction: Bipolar disorder (BD) is one of the most disabling psychiatric disorders. Carbolithium is the first-line therapy in BD, but has important adverse effects and a narrow therapeutic range, affecting patients' compliance and quality of life.

Objectives: investigate effects of switching from Carbolithium to corresponding Sulphate formulation in a group of bipolar patients in order to evaluate any difference in psychosocial functioning and quality of life.

Methods: 15 patients diagnosed with BD were enrolled. All patients were stabilized with Carbolithium and then treated by the corresponding Lithium Sulphate formulation dosage. Subjects were evaluated before therapy switch (T0) and 3 months later (T1) and subjected to blood analyses. MADRS, MRS, PANSS, HAM-A, AMDP were used to evaluate psychopathology; to assess subjective experience of psychosocial functioning and quality of life WHO-DAS 2.0, DAI-10 and SF-36 were submitted. Repeated measures ANOVA was conducted using SPSS.

Results: Statistically significant improvements emerged in the following scores: TSH (p=.000), SF-36 (AFT p=.004, SMT p=.009); MRS (p=.002); HAM-A (p=.000); WHODAS self-administered (p=.000), WHODAS proxy administered (p=.002). Lithium blood levels remained stable. An improvement of thyroid indexes and no worsening of renal function emerged. Only DAI-10 shows a decrease (p=.021): this data can be related to study limitations and to Lithium Sulphate price that may affect negatively patients' drug attitude.

Conclusions: Lithium Sulphate does not affect negatively renal and thyroid function and seems to improve patients' psychosocial functioning and quality of life, even though this study is limited to a small sample of patients and for a short observational period.

Conflict of interest: No

Keywords: Bipolar disorder; carbolithium; Lithium Solphate; subjective experience

EPV0149

Efficacy of functional remediation on cognitive and psychosocial functioning in patients with bipolar disorder: study protocol for a randomized controlled study

V. Accardo^{1,2*}, S. Barlati^{2,3} and A. Vita^{2,3}

¹University of Brescia, Viale Europa 11, 25123, Brescia, Italy, Department of Molecular And Translational Medicine, Brescia, Italy;

²University of Brescia School of Medicine, Department of Mental Health And Addiction Services, Asst Spedali Civili, Brescia, Italy., Brescia, Italy and ³University of Brescia, Brescia, Italy., Department of Clinical and Experimental Sciences, University Of Brescia, Brescia, Italy, Brescia, Italy

*Corresponding author.

Introduction: Cognitive dysfunction is a major feature of bipolar disorder (BD), strongly associated with patients' functional outcome.

Objectives: The main objective is to assess functional remediation (FR)¹ efficacy in improving cognitive deficits (measured by BAC-A) and psychosocial functioning (measured by FAST) in a sample of euthymic patients with BD, compared to standard treatment (TAU). Other secondary endpoints are to identify biomarkers for FR response, through serum BDNF levels and functional neuroimaging techniques.

Methods: Two arms (1:1) randomized, rater-blinded, controlled study of 72 out-patients with BD-I and BD-II, according to DSM-5 criteria. Patients between 18 and 55 years in euthymic phase for at least two months prior to study entry will be enrolled. All patients will be assessed at baseline, at the end of treatment and after a 6-months follow-up with clinical (Y-MRS and HAM-D), neurocognitive (BAC-A) and psychosocial functioning (FAST) measures. At the same times, serum assessment of BDNF levels and functional neuroimaging techniques will be performed.

Results: The main result expected is that, after treatment, patients receiving FR show better cognitive and psychosocial performance than those receiving TAU. Other expected findings are associated with any differences in serum BDNF levels and functional brain changes related to cognitive and functional improvement after FR.

Conclusions: There is the need of new non-pharmacological interventions in BD in order to improve not only affective symptoms, but also cognitive dysfunctions, with the final goal to achieve full functional recovery. If FR will confirm its effectiveness, it should be implemented in the standard care of BD.

Conflict of interest: No

Keywords: Bipolar disorder; Cognition; biomarkers; Functional remediation

EPV0150

Association between borderline personality symptoms and psychiatric pregnancy outcomes in women with bipolar disorder

M. Casanova Dias^{1*}, A. Di Florio¹, M. Kelson², L. Jones³ and I. Jones¹

¹National Centre for Mental Health School of Medicine Cardiff University, Psychological Medicine and Clinical Neurosciences, Cardiff, United Kingdom; ²Exeter University, College Of Engineering, Mathematics And Physical Sciences, Cardiff, United Kingdom and ³Worcester University, Institute of Health & Society, Worcester, United Kingdom

*Corresponding author.

Introduction: Bipolar disorder affects 3-5% of the population. Women with bipolar disorder have approximately 40% chance of having an illness episode related to childbirth and 20% will have a severe episode of illness. Knowing the factors associated with the outcomes might be beneficial for the prediction and prevention of episodes.

Objectives: To establish if borderline personality disorder symptoms as measured by the BEST (Borderline Evaluation of Severity over Time) scale are associated with psychiatric pregnancy outcomes.

Methods: We recruited women with bipolar disorder as part of BDRN (Bipolar Disorder Research Network) study. Women were interviewed and we collected their demographic, reproductive and clinical information.

Participants were subsequently asked to complete the BEST questionnaire in 2013 via mail-out.

We analysed the association of BEST scores with the following pregnancy outcomes: developing puerperal mania ever; developing postnatal depression as the worst episode of illness ever.

Results: In our sample of 1369 women who completed the interview and BEST questionnaire, 924 women became pregnant. Having puerperal mania ever (within 6 weeks of childbirth) was associated with BEST scores (aOR 0.958 p<0.0001 CI 95%[0.941; 0.976]). The higher the BEST score, the less likely to have puerperal mania ever.

Having depression within 6 months of childbirth as the worst episode of illness ever was also associated with BEST scores (aOR=1.025 p=0.001 CI 95%[1.010; 1.040]). Highest quintile, more likely to have postnatal depression.

Conclusions: In women with bipolar disorder, the presence of borderline personality disorder symptoms is correlated with pregnancy outcomes.

Conflict of interest: No

Keywords: Bipolar disorder; Pregnancy; Borderline Personality Disorder

EPV0151

Association between borderline personality traits and becoming pregnant in women with bipolar disorder

M. Casanova Dias^{1*}, A. Di Florio², M. Kelson³, L. Jones⁴ and I. Jones²

¹National Centre for Mental Health School of Medicine Cardiff University, Psychological Medicine, Cardiff, United Kingdom; ²National Centre for Mental Health School of Medicine Cardiff University, Psychological Medicine and Clinical Neurosciences, Cardiff, United Kingdom; ³Exeter University, College Of Engineering, Mathematics And Physical Sciences, Cardiff, United Kingdom and ⁴Worcester University, Institute of Health & Society, Worcester, United Kingdom

*Corresponding author.

Introduction: Bipolar disorder affects 3-5% of the population. Approximately 40% are likely to have an episode related to childbirth. Individualised predictions are difficult to make and the decision to become pregnant is challenging.

Objectives: To establish if becoming pregnant is associated with borderline personality disorder symptoms as measured by the BEST (Borderline Evaluation of Severity over Time) scale in women with bipolar.

Methods: We recruited and interviewed women with bipolar disorder as part of BDRN (Bipolar Disorder Research Network) study. Participants were subsequently asked to complete the BEST questionnaire in 2013 via mail-out.

We analysed the association of BEST scores with becoming pregnant.

Results: In our sample of 1369 women who completed the interview and BEST questionnaire, 924 women became pregnant and 380 did not. Women scored between 12 and 60 on the BEST scale. The total score of BEST and the total scores of its subscale A (thoughts and feelings) and subscale B (measures negative behaviours) were not associated with being parous.

We used quantiles to better allow for understanding relationships between variables outside of the mean of the data.

When BEST scores were analysed in quintiles as categorical variable, we found a significant association with being parous. That association remained when we accounted for the pre-specified potential confounders.

Conclusions: In women with bipolar disorder, those with the lowest or highest number of borderline personality disorder symptoms as measured by the BEST scale were more likely to have become pregnant.

Conflict of interest: No

Keywords: Bipolar disorder; Pregnancy

EPV0153

Seasonality in bipolar disorder: a specifier that needs being specified?

M. De Toffol^{1*}, G. Fico², M. Sagué³, N. Verdolini², I. Pacchiarotti⁴, M. Solmi⁵, E. Vieta⁶ and A. Murru⁴

¹University of Padua, Department of Neuroscience, Padua, Italy; ²Bipolar and Depressive Disorders Unit, IDIBAPS, CIBERSAM, Institute of Neuroscience, Hospital Clinic, University Of Barcelona, Barcelona, Spain; ³Hospital Clínic de Barcelona, Addictions Unit, Psychiatry And Psychology Service, Barcelona, Spain; ⁴Bipolar and Depressive Disorders Unit, Hospital Clínic de Barcelona, Psychiatry, Barcelona, Spain; ⁵Padova Neuroscience Center, University of Padova, Department of Neurosciences, Padova, Italy and ⁶University of Barcelona, Department of Psychiatry And Psychology, Barcelona, Spain

*Corresponding author.

Introduction: Among the course specifier of Bipolar Disorder (BD), seasonal pattern specifier (SPS) outlines a clinical course characterized by a tendency towards relapses according to specific moments of the year. This course affects 15-25% of BD patients. In the past, SPS just considered depressive episodes, intrinsically biasing clinical correlates outlined. Seasonality in DSM-5 may be applied to both polarities of relapse.

Objectives: To assess SPS and its clinical correlates, in a sample of BD I and II patients.

Methods: BD-I and BD-II patients enrolled from a prospective cohort follow-up. Data on seasonality were obtained from electronic clinical records, and assessed with respect to season of relapse and type of episode per season. SPS and non-SPS patients were compared according to sociodemographic and clinical correlates variables. A binary logistic regression was performed on the likelihood of association with SPS.

Results: Among the 889 BD patients enrolled, 168 presented SPS. Significant variables at bivariate comparisons were included in a binary logistic regression. Total variance explained by the model was statistically significant ($p < 0.0001$), between 7.2-11.0%, and included significant contribution of BD- II ($p < 0.0001$, OR=2.655), treatment less treated with quetiapine ($p < 0.008$ OR=1.8), undetermined predominant polarity ($p < 0.003$, OR=1.8).

Conclusions: Our results outline a known association with BD-II, an unknown association with undetermined predominant polarity. Differences among SPS BD patient might possibly underpin a need for a more precise definition which implements type of the affective relapse as well as season of relapse, in order to stratify among SPS patients more homogenous subpopulations.

Conflict of interest: No

Keywords: seasonality; Bipolar disorder

EPV0156

Characteristics of the early onset bipolar disorder

A. Guermazi*, S. Omri, N. Smaoui, R. Feki, L. Zouari, N. Charfi, J. Ben Thabet, M. Maalej Bouali and M. Maalej

Hedi Chaker University Hospital, Psychiatry C Department, Sfax, Tunisia

*Corresponding author.

Introduction: Bipolar disorder (BD) is a multifactorial disorder with heterogeneous clinical presentation, in particular according to age at onset (AAO). AAO has been discussed as a potential specifier in future classification and may be included in future algorithms of treatment decisions.

Objectives: To specify the clinical, progressive and therapeutic characteristics in early onset BD (EOBD).

Methods: A retrospective descriptive study, involving 30 male patients suffering from early onset BD, who were hospitalized in the psychiatry Department of Hedi Chaker University Hospital in Sfax (Tunisia), between January 2009 and December 2018. General, Clinical and therapeutic data were collected from medical records.

Results: The mean AAO was 18.1 years, and the mean age at first hospitalization was 20 years. Familial history of mental disorders and suicide attempts were found respectively in 26.7% and 16.7% of them. Ninety-seven percent of the patients were diagnosed as having bipolar I disorder. The first experienced mood episode was manic in 63.3% of cases and depressive in 36.7% of cases. Psychotic features were present in 60% of cases. During the acute phase of mood episodes, treatment involved the combination of antipsychotics and mood stabilizers for all patients.

Conclusions: Youths with a family history of BD are at high risk for the disorder. Early psychosocial intervention to delay or even prevent its onset should be developed.

Conflict of interest: No

Keywords: early onset BD; Bipolar disorder; age at onset

EPV0157

Impact of antipsychotics on the sexuality of women with bipolar disorder type I

Z. Boudali¹, Y. Zgueb², U. Ouali², Y. Harrabi^{3*}, R. Jomli³ and F. Nacef³

¹Razi Hospital, Departement "a", Ariana, Tunisia; ²razi hospital, Psychiatry A, manouba, Tunisia and ³Razi Hospital, A "avicenna" Department, Tunis, Tunisia

*Corresponding author.

Introduction: In addition to the clinical characteristics of bipolar disorder type I (BD I), several other factors can disrupt female sexual behaviour, including factors related to side effects of treatment.

Objectives: The aim of our work was to determine the impact of antipsychotics (AP) on the sexuality of women with BD I.

Methods: This was a descriptive study that took place over a year (March 2018-March 2019). We recruited 80 patients with BD I from the A psychiatry departments at Razi Hospital. The assessment of sexual function was done using the Arabic Female Sexual Function Index scale (ArFSFI).

Results: The average age of patients was 43.8 years (± 11). Eighty-four % of the patients (n=67) were on AP, 22% were on

conventional AP alone, 67% were on atypical AP alone, 8% were on a combination of conventional and atypical AP and 3% were on two conventional AP. Among patients on conventional AP (n=24), 42% were on long-acting neuroleptics (seven on haloperidol decanoate and three on fluphenazine). Among patients on atypical AP (n=50), 56% were on olanzapine. AP were statistically associated with the excitation domain (p=0.022; r=-0.256) and the sexual pain domain (p=0.023; r=-0.253). The class of conventional AP had a statistically significant influence on the excitation domain (p=0.022; r=-0.256). **Conclusions:** The altered sexuality of these patients appears to be multifactorial, linked to both the clinical characteristics of the disease and the effects of treatments. Several recommendations are to be developed for better sexual management of these patients.

Conflict of interest: No

Keywords: antipsychotics ; sexuality; women; bipolar disorder

EPV0158

Arab-muslim society's relationship with female sexuality

Z. Boudali¹, Y. Zgueb¹, U. Ouali¹, Y. Harrabi^{2*}, R. Jomli² and F. Nacef²

¹razi hospital, Psychiatry A, manouba, Tunisia and ²Razi Hospital, A "avicenna" Department, Tunis, Tunisia

*Corresponding author.

Introduction: The idea of the taboo around sexuality is found in all societies of the world, but it is particularly present in Muslim societies, where modesty and chastity still retain an important place. **Objectives:** Exploring the vision of female sexuality in Arab-Muslim societies.

Methods: This is a review of the literature. We searched the ScienceDirect, Medline and Google Scholar databases using the following keyword combinations: "woman and sexuality," "Arab-Muslim sexuality" and "woman in Arab-Muslim countries."

Results: In the Arab-Muslim countries, women's emancipation remains an unresolved problem and a struggle that risks bringing for many to sexual decadence. Despite the advances made in favor of women, there is still a deep patriarchal tendency reinforced by Muslim conservatives since the 1970s, which helps to keep women in what many people consider, wrongly, as the role attributed to them by religion. This idea would support the findings of a recent study where the majority of respondents believed, not only that sexuality in women was a religious duty, but also that women had no right to refuse to her husband. According to Bouhdiba, the study of sexuality in Arab societies reveals that the derealization of female status has practically ended, with a few exceptions, by locking the woman either into a role of object of enjoyment or in that of sire.

Conclusions: Thus, despite progress in equal rights between men and women, attitudes on female sexuality still suffer from certain taboos.

Conflict of interest: No

Keywords: society; Women; sexuality; arab-muslim countries

EPV0159

Effects of benzodiazepines on sexuality of women with bipolar disorder type I

Z. Boudali¹, Y. Zgueb¹, U. Ouali¹, Y. Harrabi^{2*}, R. Jomli² and F. Nacef²

¹razi hospital, Psychiatry A, manouba, Tunisia and ²Razi Hospital, A "avicenna" Department, Tunis, Tunisia

*Corresponding author.

Introduction: While some authors consider that certain antipsychotic treatments have a protective role on sexuality of women suffering from bipolar disorder type I (BD I) then what about benzodiazepines (BDZ)?

Objectives: Determine the impact of BDZ on the sexuality of women followed for BD I.

Methods: This was a one-year descriptive study (March 2018-March 2019) done at the "A" psychiatry Department of Razi Hospital, La Manouba. We recruited 80 women followed for BD I. The feminine sexuality evaluation was done using the Arabic Female Sexual Function Index (ArFSFI) scale.

Results: The average age of patients was 43.8 years (±11). Forty-two patients (53%) were on BDZ, most (60%) were on Lorazepam, 30% were on Diazepam. No patient was under a combination of two BDZs. The average prescribing dose was 3.94 (± 1.8) mg / d. In our study, the use of BDZ significantly impacted the overall mean score of ArFSFI (p = 0.016, r = -0.269), the field of excitation (p = 0.023, r = -0.254) and that of orgasm. (p = 0.038, r = -0.233). There was no statistically significant association with the interpretation of sexual activity according to the ArFSFI (p = 0.064).

Conclusions: Providing a clear answer to the question of the impact of BDZ on the sexuality of women with TB I seems so delicate because it would require a comparative study between a group of untreated patients and a group of treated patients which raises problems of ethics and methodology.

Conflict of interest: No

Keywords: benzodiazepines; sexuality; women; bipolar disorder

EPV0160

Evaluation of the sexual function of women with bipolar disorder type I on the psychotropic-related sexual dysfunction questionnaire scale

Z. Boudali¹, Y. Zgueb¹, U. Ouali¹, Y. Harrabi^{2*}, R. Jomli² and F. Nacef²

¹razi hospital, Psychiatry A, manouba, Tunisia and ²Razi Hospital, A "avicenna" Department, Tunis, Tunisia

*Corresponding author.

Introduction: In addition to its influence on social and emotional life, bipolar disorder type I (BD I) also seems to have consequences on sexuality. Sexual dysfunction is classically described in depression, however, few studies have described the sexual behavior of stabilized bipolar patients.

Objectives: The aim of this work was to evaluate the sexual function of women followed for BD I whose aim is to stimulate interest and debate in this little known area.

Methods: This is a one-year descriptive study (March 2019-March 2019) that took place in the "A" psychiatry department at Razi Hospital. Eighty women followed for BD I were recruited. The assessment of sexual function was made using the Psychotropic-Related Sexual Dysfunction scale (PRSexDQ-SALSEX).

Results: According to the PRSexDQ-SALSEX scale, 81% of patients (n = 65) had sexual dysfunction. Forty-one (51%) patients reported having sexual dysfunction since the beginning of treatment. No patient had spontaneously reported sexual dysfunction to her doctor. Forty-three patients (54%) had impaired sexual pleasure,

46 patients (58%) had dysorgasmia, 48 (60%) reported having anorgasmia and 39 (49%) had vaginal lubrication dysfunction. Forty-five percent of patients (n=36) reported that although they experienced a change in their sexuality and an impact on their relationship, they never considered discontinuing their treatment on their own.

Conclusions: Our results suggest the importance of assessing the sexual dysfunction of patients with BD I including euthymic phase. The therapist must therefore be less reluctant and ashamed to discuss the subject of sexuality during consultations.

Conflict of interest: No

Keywords: Sexual Function; Women; Bipolar disorder;

EPV0161

Affective temperament and suicide in bipolar disorder: a comparative study

Y. Zgueb, M. Chakroun, D. Ben Khaled, S. Hechmi*, U. Ouali and F. Nacef

Razi University Hospital, Department of Psychiatry A, Mannouba, Tunisia

*Corresponding author.

Introduction: Suicide is a major social and clinical problem. Clinical characteristics associated with suicidal risk in bipolar disorder, include affective temperament types.

Objectives: The aims of our study were to compare the temperament traits of two patients groups with a type I bipolar disorder, those who have attempted suicide and those who have not attempted suicide.

Methods: A cross-sectional, comparative and retrospective study of 150 patients in remission. Realized over a period of six months, from October 2018 to May 2019. Demographic data, duration and the course of the disease were extracted from patients' medical files. Affective temperaments were evaluated by the validated Tunisian version of the TEMPS-A scale.

Results: The average age was 42, 25±10 years. The gender ratio (M / F) was 1,67. Thirty-five patients (23%) did at least one suicide attempt. The average age at the first suicide attempt was 32.06 ± 9.3 years. Hyperthymic temperament was the most common temperament found in our population (32%).The suicidal attempt was significantly associated with higher depressive temperament scores (P= 0,048).

Conclusions: This study identified the independent contribution of temperament traits to suicidal behavior. Assessing the temperament of patients with bipolar disorder may result in deep insight into suicidal behavior and facilitate intervention for those at risk.

Conflict of interest: No

Keywords: temperament; Bipolar disorder; Suicide; mood

EPV0162

Suicidal behavior in bipolar disorder type 1

Y. Zgueb, M. Chakroun, D. Ben Khaled, S. Hechmi*, U. Ouali and F. Nacef

Razi University Hospital, Department of Psychiatry A, Mannouba, Tunisia

*Corresponding author.

Introduction: Suicidal behavior is a major public health problem, and its prevention is a challenge. This behavior is more common in association with mood disorders and especially with bipolar disorder.

Objectives: The aims of our study were to determine the prevalence and peculiarities of suicidal behavior in a population of bipolar patients.

Methods: A cross-sectional, descriptive and retrospective study included 150 patients with a type 1 bipolar disorder diagnosed according to DSM 5 criteria. Demographic data and the course of the disease were extracted from patients' medical files.

Results: A family history of bipolar disorder was noted in 51.4% of suicidal patients. Eighteen patients had a personality disorder. A history of suicidal ideation was found in 62.7% of cases. The prevalence of suicide attempts was 23.3%. The mean age at the first suicide attempt was 32.06 ± 9.3 years. The average number of suicide attempts was 2.66 ± 2.83. In 88.6% of the cases, the suicide attempt was concomitant with a thymic relapse (It was a depressive episode in 83.9% of cases, and a mixed episode in 12.9% of cases).The attempt was made by a drug ingestion in 57% of cases. Suicide attempt was significantly associated with age(p=0.005), family history of suicide (p=0.008), family history of bipolar disorder(p=0.002), duration of disease(p=0.008),and personality disorder(p=0.014).

Conclusions: The prevention of suicidal behavior in bipolar disorder need more assessment of vulnerability factors. A close and sustained clinical supervision can improve the management of suicidal risk in these patients.

Conflict of interest: No

Keywords: Suicide; Bipolar disorder; suicidal behavior

EPV0163

The cannabis use as a predictor of suicide attempts in bipolar disorder

Y. Zgueb, M. Chakroun, D. Ben Khaled, S. Hechmi*, U. Ouali and F. Nacef

Razi University Hospital, Department of Psychiatry A, Mannouba, Tunisia

*Corresponding author.

Introduction: Bipolar disorder is a severe mental disorder that implies a high risk of suicide. Cannabis is the most commonly abused drug among patients with bipolar disorder and has been found to increase the duration and the intensity of symptoms.

Objectives: The aims of this study was to establish the prevalence of cannabis use and suicide attempts in patients with a type 1 bipolar disorder and to study the association between them.

Methods: A cross-sectional and retrospective study of 150 patients. Demographic data and the course of the disease were extracted from patients' medical files.

Results: The average age was 35.97±11.55 years. A psychiatric family history was noted in 79 patients (52.7%). Twenty-five patients had psychiatric comorbidities. Eighteen patients had a personality disorder. Thymic episodes was of manic type in 48% of cases and of depressive type in 36 % of cases. The average duration of the disease was 15.95 ± 9.6 years. Therapeutic adherence was good in 44.7% of cases. A history of suicidal ideation was found in 94 patients and suicide attempts was found in 35 patients. Thirteen patients were cannabis users. Suicidal attempts was

significantly associated with cannabis use ($p=0.013$), especially in male patients ($p=0.025$).

Conclusions: Despite some limitations, this study estimate a strong association between cannabis use disorder and suicidal attempts in patients with bipolar disorder. Further studies are needed to clarify the nature of this relationship and that mechanism.

Conflict of interest: No

Keywords: cannabis; Bipolar disorder; Suicide

EPV0164

The clinical aspect of bipolar disorder type 1: about a mediterranean population

Y. Zgueb, M. Chakroun, D. Ben Khaled, S. Hechmi*, U. Ouali and F. Nacef

Razi University Hospital, Department of Psychiatry A, Mannouba, Tunisia

*Corresponding author.

Introduction: Bipolar disorders are one of the most severe psychiatric disorders, implying a high degree of morbidity and incapacity for patients. Some factors contribute to modifying the clinical profile and the course of the disease.

Objectives: The aims of our study were to determine the Clinical and evolutionary aspect of bipolar disorder type 1 in a Mediterranean population.

Methods: A cross-sectional and retrospective study included 150 Tunisian patients. Demographic data and the course of the disease were extracted from patients' medical files.

Results: Forty-six patients had a family history of bipolar disorder. Sixty-nine patients (46%) were smokers. Twenty-six patients (17.3%) were alcohol users. Aggressive behavior was found in 26.7% of cases. A criminal record was found in 18 patients (12%). The average age of onset of the disease was 26.23 ± 7.88 years old. The time between onset of disorders and follow-up in psychiatry was more than one year in 50 patients (33.3%). The first thymic episode was predominantly manic (48%), and severe with psychotic features (57,3%). The average number of years of disease progression was 15.95 ± 9.6 years. the average number of relapses was 7.28 ± 5.38 . Therapeutic compliance was good in 44.7% of cases. The average number of treatment discontinuations per year was 2.17 ± 1.32 because of side effects in 15.7% of cases.

Conclusions: Numerous other studies have confirmed this clinical aspect, especially in the tropical and Mediterranean regions. European and American studies do not find the same results. Other comparative studies are desirable.

Conflict of interest: No

Keywords: Bipolar disorder; Mediterranean; Type 1; Clinical aspect

EPV0165

Thymoregulators and suicide prevention in bipolar disorder

Y. Zgueb, M. Chakroun, D. Ben Khaled, S. Hechmi*, U. Ouali and F. Nacef

Razi University Hospital, Department of Psychiatry A, Mannouba, Tunisia
*Corresponding author.

Introduction: Bipolar disorder is a severe and recurrent psychiatric disorder with a high rate of suicide. The anti-suicidal benefit of

lithium on suicidal behavior in bipolar disorder is well established. Data are mixed on the effects of other mood stabilizers.

Objectives: The aims of our study were to highlight the preventive action of other mood stabilizers on suicide in bipolar disorder population.

Methods: A cross-sectional retrospective and comparative study included 150 patients with bipolar type I disorder, diagnosed according to the DSM-5. Demographic data and the course of the disease were extracted from patients' medical files.

Results: The average age was 35.97 ± 11.55 years. The average age of onset of the disease was 26.23 ± 7.88 years. The first thymic episode was of manic type in 48% of cases. The average duration of the disease was 15.95 ± 9.6 years. Valproic acid was the most used thymoregulator (80%) and carbamazepine was prescribed in 17 patients (11.3%). A history of suicidal ideation was found in 94 patients (62.7%). The prevalence of suicide attempts was 23.3% ($n = 35$). Suicidal attempts, were significantly less common in patients who were treated with a valproic acid ($p=0.016$).

Conclusions: Our results suggest that the prescription of the valproic acid in bipolar patients may be associated with a reduced risk of suicidal acts and may be a good alternative to lithium use. Other specific studies on the effects of valproic acid on suicide risk are recommended.

Conflict of interest: No

Keywords: Bipolar disorder; Suicide prevention; Thymoregulators

EPV0166

Hyperthyroidism after levothyroxine overdose may induce delayed mixed states in bipolar disorder: a case report and review of recent work

E. Izquierdo Vendrell^{1*}, A. González-Rodríguez², N. Sanz², J. Cobo², N. Salvat³, C. Feijoo⁴, A. Guàrdia Delgado⁵, A. Álvarez Pedrero², J.A. Monreal⁶, D. Palao Vidal⁷ and J. Labad⁷

¹Corporació Sanitària Parc Taulí, Mental Health, Sabadell, Spain; ²Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT, Mental Health, Sabadell, Spain; ³Corporació Sanitària Parc Taulí. Hospital Universitari de Bellvitge. IDIBELL, Mental Health, Sabadell, Spain; ⁴Corporació Sanitària Parc Taulí, Internal Medicine, Sabadell, Spain; ⁵Parc Taulí University Hospital, Mental Health, Sabadell, Spain; ⁶Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT, CIBERSAM, Mental Health, Sabadell, Spain and ⁷Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT. CIBERSAM, Mental Health, Sabadell, Spain

*Corresponding author.

Introduction: Current literature report the occurrence of manic states in hypothyroid subjects after hormone supplementation. However, after drug overdose of levothyroxine, little research have described the induction of delayed mixed states.

Objectives: Our aim is to present a case of overdose of levothyroxine with suicidal intention in a women diagnosed with bipolar II disorder.

Methods: A case report and narrative review of recent work.

Results: A 40-year old female patient with bipolar II disorder and ankylosing spondylitis was brought to the Emergency Service after committing a suicidal overdose of paracetamol (>7gr), methotrexate (>40 mg) and levothyroxine (>1250 mcg). Antidote and four days of clinical observation was needed. Psychopathological assessment revealed the occurrence of depressive symptoms, so patient was

admitted to our inpatient unit. Olanzapine 5 mg/day and citalopram 10mg/day were initiated in the first 24-48 hours. After 4 days, the patient presented tachycardia (130-150 beats/min), irritability, suicidal ideation, tremor and worsening of depressive symptoms. Electrocardiography did not reveal any arrhythmia. Laboratory (4th day): thyroid stimulating hormone (TSH) < 0.01 μ U/mL (0.40-4.00), free T4 (fT4) >7.77 ng/dL (0.80- 1.80) and free T3 (fT3): 22.50 pg/mL (2.00-4.40). Diagnoses: Severe hyperthyroidism due to exogenous thyroid hormone and mixed state in bipolar disorder. Thyrotoxicosis remitted and mixed symptoms improved. Olanzapine was increased to 10 mg/day. Normalization of fT3 and fT4 was achieved. TSH normalized within several days later.

Conclusions: Levothyroxine is a lipophilic molecule that can be accumulated for several days. Continuous monitoring is mandatory. Affective symptoms should be also monitored as psychotropic medications after normalization.

Conflict of interest: No

Keywords: Bipolar disorder; Hyperthyroidism; levothyroxine; mixed states

EPV0169

Family illness perception of bipolar disorders: why we have to take into account family in mental health?

K. M'Bailara^{1,2*}, C. Munuera³, I. Minois², L. Zanouy², J. Sportich², F. Josse² and S. Gard²

¹University of Bordeaux, Ea4139, Laboratory Ofpsychology, Bordeaux, France; ²Hospital Charles Perrens, Bipolar Expert Center, Bordeaux, France and ³University of Bordeaux, Laboratory of Psychology, Bordeaux, France

*Corresponding author.

Introduction: Based on a self-regulation theory, illness perception is a process by which individuals respond to a perceived health threat (Leventhal, et al., 1984). It's central to interpret patients' reactions in different stages of care (Weinman, 1997). In view of the impact of bipolar disorder on psychosocial functioning, to cope with to the illness is not only the patient's affair but also that of his or her family members. But, perception of illness by family caregivers is an untreated thematic of research in bipolar disorders.

Objectives: The objective is to describe the perception of bipolar disorder in family caregivers. The second objective is to compare the perception of illness between family caregivers and patients.

Methods: The sample is composed about 241 persons, 80 family caregivers and 161 have a bipolar disorder. An adapted version for bipolar disorder of the brief Illness Perception Questionnaire (IPQ, Broadbent et al., 2006) was used to assess patients' cognitive and emotional representations of their illness.

Results: For caregivers, chronicity is the most threatening followed by emotional distress and stress, followed by the impact of illness. Lack of personal control, severity of symptoms and misunderstanding are perceived as moderately threatening. There is no significant difference between caregivers and patients in the illness perception.

Conclusions: Like patients, caregivers have a negative perception of bipolar disorder. So, these results encourage to help family to elaborate their own ideas of the illness, which is essential for successful interventions. For example, Therapeutic Education could be relevant to improve family adjustment to bipolar disorder (M'bailara, 2019).

Conflict of interest: No

Keywords: illness perception; Bipolar disorder; family

EPV0171

Bipolar disorder, implications of dimensional perspective

L. Muntean^{1*}, A. Nirestean^{1,2}, E. Lukacs² and A. Comaniciu¹

¹Mures County Hospital, Psychiatric Clinic No. 2, Targu Mures, Romania and ²George Emil Palade University of Medicine, Pharmacy, Science and Technology of Targu Mures, Psychiatry, Targu Mures, Romania

*Corresponding author.

Introduction: In the present, it is being discussed about the interference between psychiatric pathology and personality, a large part of the factors involved in the development of personality disorders constitute risk factors for psychiatric disorders. It is well known that there is an association between bipolar disorder and personality disorder approached from a categorical point of view such as borderline, narcissistic and obsessive compulsive personality disorder but also the fact that premorbid personality always conditions their prognosis.

Objectives: Our study aims to highlight some associations between the personality structure approached from a dimensional point of view, the awareness of the disease, the compliance at the treatment and the functioning in the professional and family role of the patients with bipolar disorder.

Methods: In this study, were included patients diagnosed with bipolar disorder who were admitted to the Psychiatry Clinic II from Tg. Mureş, between the ages of 30 and 55. Patients were in the phase of complete clinical remission at the time of evaluation. We evaluated their personality from a dimensional point of view using the DECAS scale, based on the "Big Five" dimensional model and applied the Birchwood Insight Scale for insight assessment. The diagnosis of bipolar disorder was made according to DSM-5 criteria.

Results: There is an association between the personality dimensions and the clinico-evolutionary particularities of the bipolar disorder in the studied patients.

Conclusions: Increased values of conscientiousness and agreeableness are a favorable prognostic factor. Low conscientiousness and increased neuroticism are aggravating prognostic factors.

Conflict of interest: No

Keywords: Bipolar disorder; dimensional perspective; personality disorder; insight

EPV0172

The efficacy of the interpersonal and social rhythm therapy (IPSRT) for patients with bipolar disorder

C. Palummo*, V. Caivano, F. Zinno, A. Vece, L. Marone, V. Giallonardo, A. Di Cerbo, G. Sampogna, M. Luciano and A. Fiorillo

University of Campania "Luigi Vanvitelli", Department of Psychiatry, Naples, Italy

*Corresponding author.

Introduction: The Interpersonal and Social Rhythm Therapy (IPSRT) has shown to be effective in reducing symptoms' severity and regularizing circadian rhythms of patients with bipolar disorder (BD). Few studies assessed the efficacy of this approach in a group format.

Objectives: The aims of this study are to assess the efficacy of a group IPSRT (IPSRT-G) in terms of improvement of symptoms,

quality of life and adherence to treatments and reduction of levels of stigma.

Methods: Patients with BD were recruited according to the following inclusion criteria: 1) age between 18 and 65 years; 2) diagnosis of BD type I or II; 3) absence of psychiatric comorbidities and of serious physical diseases. The IPSRT-G consisted of eight 90-minute sessions (two individual and six group sessions). Patients have been assessed at baseline (T0), at the end of the intervention (T1) and after 3 months (T2).

Results: 16 patients have been recruited; 62.5% of them were females, with a mean age of 48.19 ± 11.3 years and with a mean age at onset of 25.47 ± 7.07 years. Patients reported a significant reduction at the Beck Depression Inventory (BDI) ($p < 0.05$) and Internalized Stigma of Mental Illness Inventory (ISMI) total scores ($p < 0.01$). In particular, a significant reduction was reported at the "Social Retreat" subscale ($p < 0.02$), and an improvement at the "Stigma Resistance" subscale ($p < 0.05$).

Conclusions: Our data show that the IPRST-G can be effective in reducing depressive symptoms and stigma, in particular by increasing coping strategies to stigma and reducing social withdrawal, also when provided in the group format.

Conflict of interest: No

Keywords: Bipolar disorder; outcome; Interpersonal and Social Rhythm Therapy; group interventions

EPV0176

Aggressive behaviours and clinical course of bipolar disorder

V. Caivano, F. Zinno, G. Tarantino*, M. Carfagno, C. Palumbo, M. Raia, G. Cristilli, A. Di Cerbo, G. Sampogna, M. Luciano and A. Fiorillo

University of Campania "Luigi Vanvitelli", Department of Psychiatry, Naples, Italy

*Corresponding author.

Introduction: Aggressive behaviours are frequent during the acute phases of bipolar disorders and are often associated to the need for hospitalization, prolonged hospital stays and to a worse long-term outcome of the disorder.

Objectives: To analyze the socio-demographic and clinical characteristics, as well as the affective temperaments of patients with bipolar I and II disorders (BD) with a positive history of aggressive behaviours.

Methods: All patients with a diagnosis of BD I or II according to the DSM-5 criteria have been recruited. Socio-demographic and clinical characteristics have been collected with an ad-hoc schedule. All patients filled in the short version of the TEMPS-M. According to the history of aggressive behaviours, patients were then divided in two groups.

Results: 84 patients with BD I or II have been recruited. 63% of them were female, with a mean age of 49.6 ± 12 years. The most common diagnosis was BD II (48.8%). Patients with a history of aggressive behaviours had a greater number of affective episodes ($p = 0.013$), mostly episodes of mania ($p = 0.002$) and mixed states ($p = 0.01$). Aggressive behaviours were correlated to a history of substance ($p = 0.007$) and alcohol abuse ($p = 0.015$) and with an irritable temperament ($p = 0.05$).

Conclusions: Our study confirms the relationship between alcohol abuse, aggressive behaviours, affective temperaments and BD. It is

crucial to identify patients who are at risk of developing aggressive behaviour in order to provide adequate interventions.

Conflict of interest: No

Keywords: Aggressive behaviours; Bipolar disorder; alcohol abuse; affective temperaments

EPV0177

Minor physical anomalies in bipolar disorders: a meta-analysis and systematic review

E. Varga*, A. Hajnal, T. Tenyi and R. Herold

University of Pécs, Department of Psychiatry, Pécs, Hungary

*Corresponding author.

Introduction: Minor physical anomalies (MPAs) are insignificant errors of morphogenesis, which may reflect basic neurobiological features underlying the disease. Despite several studies about the presence of MPAs in bipolar disorders, the evidence in favor of a neurodevelopmental basis for the disease is still controversial.

Objectives: The aim of this meta-analysis was to assess the standardized weighted mean effect sizes of MPAs in bipolar disorders, and to investigate if MPAs may be found predominantly in the head and facial regions in patients with bipolar affective disorder compared to healthy controls (HC).

Methods: Four studies, involving 155 patients with bipolar disorders (BPD), as well as 187 HC, were involved in the analysis after literature search. For the investigation of MPAs in the periferical (MPA-P) and in the head and facial regions (MPA-FC) two studies involving 121 BPD patients, as well as 133 HC passed the inclusion criteria.

Results: The MPAs of BPD were significantly higher compared to HC (SMD = 0.62, $p = 0.003$). Another important finding of the present study is that BPD patients' MPA-P scores do not significantly differ from those of healthy controls. In contrast, BPD patients' MPA-CF scores were found to be significantly higher compared to HC subjects (SMD = 0.84, $p < 0.001$).

Conclusions: The findings of the present study suggest an early insult during the development of the brain in bipolar affective disorder.

Conflict of interest: No

Keywords: Méhes scale; Waldrop scale; Bipolar disorder; minor physical anomalies

EPV0179

Affective temperaments in patients with bipolar and cyclothymic disorder: a clinical characterization

F. Zinno^{1*}, G. Sampogna¹, V. Del Vecchio¹, V. Giallonardo¹, M. Luciano¹, L. Steardo², G. Perugi³, M. Pompili⁴, A. Tortorella⁵, U. Volpe⁶ and A. Fiorillo¹

¹University of Campania "L. Vanvitelli", Department of Psychiatry, Naples, Italy; ²University "Magna Graecia" of Catanzaro, Psychiatry Unit, Catanzaro, Italy; ³University of Pisa, Azienda Ospedaliera Universitaria Pisana (AOUP), Department of Clinical and Experimental Medicine, Psychiatric Section, Pisa, Italy; ⁴S. Andrea Hospital, Sapienza University, Department of Neurosciences, Mental Health And Sensory Organs, Suicide Prevention Center, Rome, Italy; ⁵University of Perugia, Department of Medicine, Division Of

Psychiatry, Perugia, Italy and ⁶School of Medicine Università Politecnica delle Marche, Department of Neurosciences/dimsc, Ancona, Italy

*Corresponding author.

Introduction: Affective temperaments (ATs) play a significant role in the clinical presentation of bipolar (BD) or cyclothymic disorder (CYC) and can have an impact on long-term outcome and symptoms' severity. Despite this, ATs are understudied in these patients.

Objectives: To evaluate socio-demographic and clinical characteristics associated with ATs in a sample of outpatients with BD or CYC.

Methods: Patients have been recruited in two Italian University sites. Inclusion criteria were: 1) age above 18 years; 2) diagnosis of BD type I (BDI) or II (BDII), or CYC according to the DSM-5; 3) being in a stable phase of the disorder. Recruited patients were asked to fill in the Italian version of the short TEMPS-M.

Results: 815 patients were recruited, mainly female (61.1%) with a mean age of 44.4 ± 14.6 years. 52.8% of them had a diagnosis of BDI, 19.4 of BDII and 27.9 of CYC. In female, the most represented AT were the depressive ($p < .01$), cyclothymic ($p < .01$) and anxious ($p < .0001$) ones, while the irritable temperament was most represented in men ($p < .01$). All temperaments were more represented in CYC than in BDI ($p < .005$); depressive, cyclothymic and irritable temperaments were more represented in CYC, depressive and anxious temperaments in BDII ($p < .005$); only the hyperthymic temperament was more represented in BDI ($p < .005$).

Conclusions: Our results confirm the link between AT and Clinical and socio-demographic characteristics of BD and CYC. Given the predictive role of the AT for the outcome of bipolar disorders, their assessment should be part of the routine care of these patients.

Conflict of interest: No

Keywords: affective temperaments; Bipolar disorder; cyclothymic disorder

Child and adolescent psychiatry

EPV0182

Awareness of attention deficit hyperactivity disorder among special education students in riyadh and qassim regions of saudi arabia 2019-2020

S. Alotaibi¹, N. Alsoqih², S. Aljhani^{3*}, A. Alshubmi¹, A. Alshawi¹, H. Abdullah¹, R. Almushaita¹ and S. Alkuraides¹

¹Qassim university, Medical College, Qassim, Saudi Arabia; ²Qassim university, Pediatric Neurology, Qassim, Saudi Arabia and ³Qassim university, Psychiatry, Qassim, Saudi Arabia

*Corresponding author.

Introduction: ADHD is a chronic genetic neurodevelopmental disorder. Which is represented by either inattention symptoms or hyperactivity symptoms or both of them. Subsequently, the peak of symptoms appears during childhood and decreases with growing older. Plenty of researches showed various factors could contribute to increasing symptoms' severity. ADHD is considered as one of the

most common neurodevelopmental disorders. Yet, Saudi society's awareness towards it appears to be relatively lacking. Apart from that, Researches showed that teachers and parents misconception about the disorder affects children's improvement as a result of decreased support and not providing a healthy suitable environment for children's case.

Objectives: The general objective is to measure awareness levels of ADHD among college students majored in special education. Besides, other specific objectives such as assessing their knowledge about dealing with ADHD child, assessing their thoughts about having an ADHD course and its importance in their career, and evaluating ADHD involvement within special education curriculums.

Methods: Data will be collected through a demographic questionnaire along with the Knowledge of Attention Deficit Disorders Scale (KADDS). Then, processed by the SPSS Statistics program.

Results: Expected Results (ongoing) Average to low levels of awareness among the students. Especially in medical knowledge about the disorder.

Conclusions: no conclusion yet will be posted as soon as possible

Conflict of interest: No

Keywords: Autism; awarness; Neurodevelopmental

EPV0184

Separation anxiety - how to help to child and to a parent case report

Z. Barac-Otasevic* and I. Ljutica

Medical Clinical Centre Montenegro, Podgorica, Psychiatry Clinic, Podgorica, Montenegro

*Corresponding author.

Introduction: Child separation fear is a completely normal stage in a child's development, but what can further aggravate the situation is the parent's fear of separation. Namely, parents very often inadvertently encourage the separation problem with their own anxiety, which is very difficult to hide from the child. If there is any parenting issue regarding the child's departure to kindergarten, he or she will probably come to light, even if they do not say it - voice communication is not the only way the child "reads" our messages. In the work, the author discusses the help of a boy of 7.5 years, who was in the first grade, and who refuses to go to school without his mother. On the other side mum says that she is tired What's best for both?

Objectives: Best solution for adaptation in new circumstances - school

Methods: Case report

Results: The child may have a marked need to be with the parents and may seem to be regressing. But that's also the way a child goes through separation after feeling safe again. If he is allowed to "hang" with you at first, when he is ready for it, the child will stop doing so. If he pushes himself away or expects to grow up very quickly (for example, he cares for a younger child more than is appropriate for his age), then the child's insecurity will deepen and he will continue to express it through behavior.

Conclusions: working separately with child and mother

Conflict of interest: No

Keywords: Anxiety; child; separation; parents

EPV0186

Construction and analysis of psychological anamnesis as basis for diagnostics of children and adolescents in psychiatric clinic

N. Burlakova^{1*} and V. Oleshkevich²

¹Lomonosov Moscow State University, Faculty of Psychology, Department of Neuro- And Pathopsychology, Moscow, Russian Federation and ²Scientific Practical Children's Mental Health Centre n. a. G. Sukhareva of Moscow City Department of Healthcare, -, Moscow, Russian Federation

*Corresponding author.

Introduction: The contemporary psychodiagnostics often is oriented only at objective data. This trend is supported by the requirements of the evidence-based medicine, and it transforms the results of studies to partial, objectified and therapeutically insignificant.

Objectives: The objective was to explore systematically the methods used for diagnostics of children and adolescents in psychiatric clinic.

Methods: Analytic-empirical method was used.

Results: 1) The multidirectionality and unsystematization of the methods shaped in the different historical situation were demonstrated; 2) the methods aimed at exploration of the patient's inner world and at phenomenological understanding of inner mechanisms of psychological development are poorly developed. 3) psychiatry needs the systematic cultural-historical methodology aimed at construction and analysis of psychological anamnesis as well as ways to describe and analyze the child's development and developmental disorders in the social environment. 4) As the research showed, elaboration of methodology aimed at construction and analysis of psychological anamnesis is necessary. Main structures of the psychological anamnesis include description of early ontogenesis, main psycho-physiological features of the child, personality type, social interactions between the child and environment, chronological analysis of changes and their structure within the context of social environment, etc.

Conclusions: Analysis of the psychological anamnesis constructed in such a way allows to explore the structure of object relations between child and environment, reconstruct transformation of social relations in the intrapsychic relations, characterize the inner dialogues of self-awareness and reconstruct the developmental mechanisms both under normal and pathological conditions. Such an approach allows to develop new opportunities integral clinical psychological diagnostics for children and adolescents.

Conflict of interest: No

Keywords: psychological diagnostics; psychological anamnesis

EPV0192

Adhd and emotional dysregulation

N. Chinchurreta^{1*}, J.J. De Frutos Guijarro², R. Martín Aragón³ and C. Moreno Menguiano²

¹HOSPITAL PUERTA DE HIERRO, Psychiatry, MADRID, Spain;

²Centro de Salud Doctor Luengo Rodriguez, Servicio De Psiquiatría, Mostoles, Spain and ³Complejo Hospitalario Mancha Centro., Unidad De Salud Mental Infanto-juvenil., Alcázar de San Juan., Spain

*Corresponding author.

Introduction: El trastorno por déficit de atención con hiperactividad (TDAH) es un ejemplo común de psicopatología del desarrollo que podría entenderse mejor tomando una perspectiva de regulación emocional. Como se ha visto que la desregulación emocional se está convirtiendo en un problema más frecuente en la población infantil-juvenil, una psicopatología del desarrollo común como el TDAH podría entenderse mejor tomando una perspectiva de la emoción

Objectives: To describe the magnitude of emotional dysregulation in ADHD

Methods: To present a bibliographic review about clinical, prevalence, etiology, treatment efficacy ; the magnitude of emotional dysregulation in ADHD.

Results: The prevalence found in different studies ranges from 24-50%. Functional neuroimaging have discovered neuronal networks related to cognition (Cold) that are involved in the allocation of attention resources to stimuli that arouses emotion and other networks related to emotion (hot) that are responsible for orientation early to emotional stimuli and their perception. Therapeutic strategies used in the treatment of ADHD have shown efficacy in the management of emotional symptoms in parallel to the remission of the main symptoms of ADHD.

Conclusions: Emotional deregulation is a dimensional entity, NOT a categorical diagnosis. The majority of epidemiological research, focusing on children, has found a strong association between ADHD and emotional dysregulation; moderate association between difficult early temperament, with high negative emotionality, and ADHD combined with emotional deregulation. ADHD patients have a primary dysfunction in the recognition of emotional stimuli and a difficulty in modulating emotions when they are negative.

Conflict of interest: No

Keywords: ADHD; emotional regulation

EPV0193

Function of self-harm in adolescents. about a case

N. Chinchurreta^{1*}, J.J. De Frutos Guijarro², R. Martín Aragón³, C. Moreno Menguiano² and A. De Cós Milas⁴

¹HOSPITAL PUERTA DE HIERRO, Psychiatry, MADRID, Spain;

²Centro de Salud Doctor Luengo Rodriguez, Servicio De Psiquiatría, Mostoles, Spain; ³Complejo Hospitalario Mancha Centro., Unidad De Salud Mental Infanto-juvenil., Alcázar de San Juan., Spain and

⁴HOSPITAL UNIVERSITARIO DE MÓSTOLES, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: La creciente prevalencia de conductas suicidas y autolesiones en adolescentes se ha convertido en un problema de salud pública, y alcanza valores de fenómeno viral. Las autolesiones no suicidas son conductas deliberadas afectadas a producir daño físico, sin objetivo de provocar la muerte, que afecta a los adolescentes con una prevalencia, en esta etapa, del 10% en población general y del 35% en población psiquiátrica.

Objectives: Investigar la relación entre rasgos de personalidad, eventos de la vida y autolesiones (a través de cortes de piel) en la adolescencia.

Methods: Se lleva a cabo, a través de la presentación de un caso clínico y una revisión de la literatura de los artículos actuales en relación con la autolesión en la adolescencia, en la que se analiza la prevalencia, las causas, los factores de riesgo, los síntomas, las consecuencias, el diagnóstico, el tratamiento y la prevención.

Results: Se describen tres tipos de conductas autolesivas (catártica, reintegrativa, manipuladora) que están asociados con diferentes formas de regulación emocional y rasgos de personalidad.

Observa una serie de factores de riesgo: sexo femenino, impulsividad, ira, conflicto familiar, trastornos psicopatológicos, baja expresión de afectividad, desesperanza, etc.

Conclusions: La identificación rápida y oportuna de los adolescentes que se autolesionan es de suma importancia para evitar suicidios.

El uso de la escala SHQ-E puede ayudar a identificar a estos pacientes con precisión. La primera línea de tratamiento se basa en terapias que ayudan a controlar las emociones, el entrenamiento en habilidades sociales y la resolución de conflictos.

Conflict of interest: No

EPV0194

Mood disorder and hypothyroidism in adolescents. a case report

N. Chinchurreta^{1*}, R. Martín Aragón², J.J. De Frutos Guijarro³, J. Martín Carballeda⁴ and A. De Cós Milas⁵

¹HOSPITAL PUERTA DE HIERRO, Psychiatry, MADRID, Spain; ²Complejo Hospitalario Mancha Centro., Unidad De Salud Mental Infanto-juvenil., Alcázar de San Juan., Spain; ³Centro de Salud Doctor Luengo Rodriguez, Servicio De Psiquiatría, Mostoles, Spain; ⁴Centro salud mental Alcorcon, Unidad De Salud Mental Infanto-juvenil., Alcorcon, Spain and ⁵HOSPITAL UNIVERSITARIO DE MÓSTOLES, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: El hipotiroidismo subclínico se define como la elevación de TSH en presencia de concentraciones normales de hormonas tiroideas circulantes. La prevalencia en adolescentes es <2%. Una deficiencia en el metabolismo de las hormonas tiroideas puede conducir a trastornos mentales porque juegan un papel esencial en el desarrollo y la función del sistema nervioso central.

Objectives: Describir la relación entre el trastorno del estado de ánimo y el hipotiroidismo en adolescentes.

Methods: Se lleva a cabo, a través de una presentación de caso clínico y una revisión de la literatura de artículos actuales en relación con el trastorno del estado de ánimo y el hipotiroidismo en adolescentes.

Results: Según los datos en la literatura, los niños y adolescentes con problemas de tiroides pueden tener problemas de comportamiento, ansiedad o bajo estado de ánimo. Y, a menos que se realice un examen analítico específico, no se detecta, ya que no es frecuente a una edad temprana. En adolescentes (entre 13 y 16 años) se ha visto que la función cognitiva con la prueba de Wechsler, así como el cociente intelectual, no varía en los jóvenes eutiroideos y en aquellos con hipotiroidismo.

Conclusions: It's important to be clear that the symptoms of hypothyroidism can be confusing and can produce symptoms attributable to a psychiatric illness. Early identification and treatment of thyroid disease in adolescents and children is essential to optimize neurocognitive growth and development. The appearance of complex symptoms abruptly, which affect the mood, should indicate the need to start a study to rule out organic pathology.

Conflict of interest: No

Keywords: hypothyroidism; mood; disorder

EPV0197

A case of 16p11.2 duplications and deletions as a risk factor to autism

M. De La Mata Hidalgo^{1*}, R. De La Mata², R. Tenorio¹, M. Pacheco¹, M. Mota¹, G. Anmella³ and M. Suárez¹

¹Hospital Juan Ramón Jiménez, Psiquiatría, Huelva, Spain; ²Centro Salud Mental Infanto Juvenil, Psychiatry, Barcelona, Spain and

³Hospital Clinic, University of Barcelona, IDIBAPS, CIBERSAM, Schizophrenia Unit, Institute of Neuroscience, Barcelona, Spain

*Corresponding author.

Introduction: Chromosome 16p11.2 duplication is characterized by autism spectrum disorder, development delay, schizophrenia, and idiopathic generalised epilepsy, as well as dysmorphic feature. In the recent years, it has been developed some tools to facilitate the diagnosis of this deletions and duplications like array CGH. The early diagnosis of this syndrome, the identification and correct treatment of his psychiatric disorders is primary in the beginning of the childhood to decreased the suffering of the patients and their families.

Objectives: This case aim to make a review of this syndrome and show some of the psychiatric comorbidities that are able to appear. It also pretends to discuss the possible treatments that are available in children. It is important to know and identified the neuropsychiatric and neurobehavioral disorders, including cognitive impairment, attention deficit-hyperactivity disorder that are associated with.

Methods: We present a clinical report and literature review of a 16p11.2 syndrome in a five years old boy.

Results: The use of typical antipsychotics as haloperidol could help to decrease the aggressiveness and motor stereotypies. There are also available the addition of other drugs as risperidone, to manage the behavioral disorders.

Conclusions: Treatment is multidisciplinary and will vary according to the age, comorbidities and experience of the clinician.

Conflict of interest: No

Keywords: 16p11.2; microdeletion; arrayCGH; Autism

EPV0200

Anxiety/depression has a strong impact on attention to eye region in adolescents with autism spectrum disorder

T. Fujioka^{1*}, K. Tsuchiya², T. Katayama³ and H. Kosaka⁴

¹University of Fukui, Department of Science Of Human Development, Humanities And Social Science, Faculty of Education, Fukui, Japan;

²Hamamatsu University School of Medicine, Research Center for Child Mental Development, Hamamatsu, Japan; ³Osaka University,

Department of Child Development, Osaka, Japan and ⁴University of Fukui, Department of Neuropsychiatry, Fukui, Japan

*Corresponding author.

Introduction: Individuals with Autism Spectrum Disorder (ASD) gaze less at eye in the face, which is one component of sociality. Previous researches also reported that anxiety and depression diminished gaze time on eye region (Horley et al., 2003; Noiret et al., 2014). However, there is no report clarifying the effects of anxiety and depression in attention to eye in individuals with ASD.

Objectives: This study aimed to clarify the effects of anxiety/depression in attention to eye in adolescents with ASD.

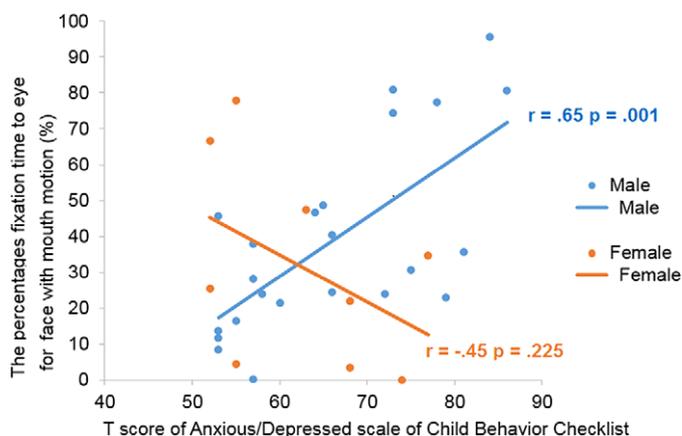
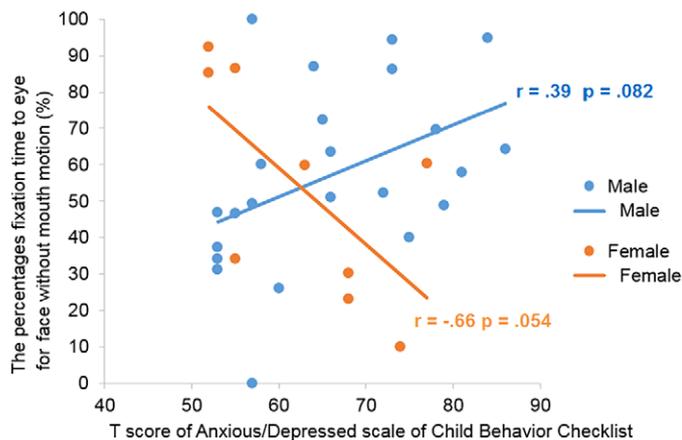
Methods: We recruited 30 individuals with ASD (21 males, 13.1 +/-1.9 years, FSIQ 90.8 +/-14.1; 9 females, 13.1 +/-2.1 years, FSIQ 101.7 +/-23.2). We used the Gazefinder (JVC KENWOOD Corporation, Japan), an all-in-one eye-tracking system. The Gazefinder included two types of face movie: A) face without mouth motion, B) face with mouth motion. We conducted correlation analyses among T score of Anxious/Depressed scale of the Child Behavior Checklist, Prosocial behavior subscale of the Strengths and Difficulties Questionnaire, and the percentages of fixation time to eye region.

Results: For male group, there was a significant correlation between the percentages of fixation time to eye and Anxious/Depressed scale in B) ($r=.65$, $p=.001$, figure2). The correlations between them were marginally significant in A) for both male group ($r=.39$, $p=.082$, figure1) and female group ($r=-.66$, $p=.054$, figure1). There were significant group differences in slopes in both A) and B) ($ps<.05$). There were no other significant correlations.

Conclusions: In adolescents with ASD, anxiety/depression have a stronger impact on attention to eye, and the effects of anxiety/depression for attention to eye may have sex difference.

Conflict of interest: No

Keywords: Autism Spectrum Disorder; eye-tracking; Dépression; Anxiety



References

- Horley K, Williams LM, Gonsalvez C, Gordon E. Social phobics do not see eye to eye: a visual scanpath study of emotional expression processing. *J Anxiety Disord.* 2003;17(1):33-44.
- Noiret N, Carvalho N, Laurent E, Vulliez L, Bennabi D, Chopard G, et al. Visual scanning behavior during processing of emotional faces in older adults with major depression. *Aging Ment Health.* 2015;19(3):264-73.

EPV0201

"My mother was very sad when i was born." psychopathology in sons of patients with severe mental disorder. Case report

P. Del Sol Calderón*, Á. Izquierdo De La Puente and M. Garcia Moreno

HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: This is a 9-year-old male who begins follow-up in mental health derived from pediatrics due to behavioral problems.

Objectives: The aim of this case is to show how presenting a serious mental disorder implies a greater risk of psychopathology in the children of these patients.

Methods: The medical history includes digestive colic and 3 admissions for bronchiolitis in childhood. The patient is in third grade (repeated second grade once). He is an only child. The mother has two children from a previous marriage, divorced from her ex-partner 5 years before the patient's birth. Highlights very low tolerance to frustration with intense tantrums. In addition, both at school and at home, the patient is very restless, with difficult handling and often maintaining a challenging attitude. He never respects the turn of speech both in class and in games. Also for about 2 months he complains of nonspecific abdominal pain that the pediatrician has considered as functional

Results: As a family history, severe postpartum depression stands out consisted of high nervousness, low mood with marked apathy and anhedonia. She had severe thoughts of disability rejecting his son. She had intense suicide ideas with fear of harming her son. She was admitted responding to 11 sessions of electroconvulsive therapy. During her follow-up she has been diagnosed with bipolar disorder

Conclusions: Mental pathology in parents can affect the development of a secure attachment, giving more frequent health problems and a decrease in weight and height; with more risk of anxiety and depression and ADHD

Conflict of interest: No

Keywords: ADHD; attachment disorder; child and adolescent; parent's psychopathology

EPV0203

Group therapy experiences in adolescents with autism spectrum disorder

L. Garcia Murillo*, A. Forti Buratti, M. Díaz De Neira and I. Palanca Maresca

Hospital Universitario Puerta de Hierro, Child And Adolescent Psychiatry, Majadahonda, Madrid, Spain

*Corresponding author.

Introduction: Deficits in social interaction are a key component of Autism Spectrum Disorder (ASD). To treat these deficits in social interaction, group therapy focusing on social skills has been reported to be an effective tool, improving social competence and friendship quality for children and adolescents with ASD and average or above average cognitive skills (Cochrane 2012).

Objectives: To offer a comprehensive and holistic intervention for ASD patients in a Spanish tertiary care university hospital in the Northwestern area of Madrid.

Methods: Since 2014 our team has been performing group therapy for adolescents (between 12 and 18 years old) with ASD and average or above average intelligence. We performed two annual groups of between seven to eight participants per group, being the mean duration of the treatment an academic year (nine months). One-hour sessions were performed once every three weeks with the participants. Our approach was focus on structured instructions with role playing situations and coaching during training sessions.

Results: All participants engaged during the sessions, being all the qualitative reviews at the end of the group very positive. The most frequent complaints were the limitation of the number and duration of the sessions.

Conclusions: Group therapy is an important tool for treatment of ASD. Social Skills groups can improve social competence for some children and adolescents with ASD, improving their quality of life.

Conflict of interest: No

Keywords: group therapy; adolescents; Autism; social skills

EPV0204

Subjective experiences and quality of life in siblings of children with intellectual disabilities: a review of literature

S. Gnanavel

Health Education North East England, Child And Adolescent Psychiatry, Newcastle upon Tyne, United Kingdom

Introduction: Compared to siblings of normally developing children, siblings of children with intellectual difficulties experience more burden and undergo unique subjective experiences that determines their quality of life.

Objectives: To systematically summarise available evidence in this important but less researched field.

Methods: PubMed, PsycINFO and Cochrane Library databases were searched manually for relevant studies. Both qualitative and quantitative studies were considered. However, non English and grey literature were not considered. In total, fifteen studies were selected.

Results: Subjective wellbeing (SWB) is defined as a positive state of mind involving the whole life experience encompassing satisfaction and happiness while Quality of life (QoL) describes overall well-being resulting from a complex interaction of health, standards and relationships. Some of the predictors for SWB included affiliate stigma, self esteem, social support and positive aspects of care-giving. The psychosocial moderating factors for QoL included caregiver burden, stigma, self esteem, social support and positive meaning in care giving. Early evidence focused on the negative outcomes including reduced parental attention, emotions like worry and social embarrassment. However, recent research has highlighted positive aspects including growing more empathetic towards those with disabilities.

Targeted intervention in groups and developing social support networks has shown early promise. The major challenges in sibling

research include lack of control group, confounding factors such as age, number of siblings and other environmental differences.

Conclusions: More research on the moderating variables determining the SWB and QOL as well as possible interventions that can provide hope and inspiration in this unique but less researched group holds plenty of promise.

Conflict of interest: No

Keywords: siblings; QOL; learning disability

EPV0205

Spatial representation in children with mild mental retardation

T. Goryacheva* and O. Makarova

Pirogov Russian National Research Medical University, Psychological-social Faculty, Moscow, Russian Federation

*Corresponding author.

Introduction: Spatial representations as one of the core structures of mental development underlie the algorithms for all types' coordination, cognitive and learning activity. More than that, they make a contribution to quasi-spatial functions like abstract thinking. That is why a weakness of visual-spatial representations leads to writing, counting and grammar disorders.

Objectives: We aimed to study the level of development of spatial representation in children with mild mental retardation (MR) compared with normally developing children.

Methods: 67 children (7-8 years old) with mild MR (E group) were compared to 67 (7-8 year old) normally develop children (C group). All children studied in primary school. All subjects were assessed with the battery of neuropsychological tests and Raven's Matrices. Also, we examined children by specific tests to study such kinds of spatial representations as coordinate, structural, projective, metric, body schema and visual-spatial memory.

Results: Significant differences for all indicators of the developmental level of spatial representations were observed between the groups of subjects. The weakest spatial functions in children with mild MR (EG) compared with the Control group are body schema, coordinate and structural representations. There were found a strong correlation between academic performance and the development of all types of spatial representations, with the exception of metric and projection ones.

Conclusions: Having intact elementary components of spatial functions children with mild MR have difficulties to join these components into integral spatial representations, therefore, their learning skills such as writing, reading, and counting require additional correction and tuition.

Conflict of interest: No

Keywords: mental retardation; spatial representations

EPV0206

The characteristics of visual attention of the students of the elementary school with ADHD

T. Goryacheva* and A. Belousov

Pirogov Russian National Research Medical University, Psychological-social Faculty, Moscow, Russian Federation

*Corresponding author.

Introduction: The current study considers attention as a multi-component process with several characteristics. The analysis of each characteristic helps to understand the special features of attention development of children with ADHD.

Objectives: The research aim is analyzing the characteristics of voluntary visual attention of children in the age from nine to eleven years with hyperactive disorder with attention deficit.

Methods: The experimental group consists of 25 children of 9-11 years with the diagnosis F90.0 Attention deficit hyperactivity disorder. The control group includes 25 children of the same age and gender meeting the requirements of homogeneous indexes with the experimental group. The research methods include six consequent techniques, given in the following order: Bourdon test, Comparison of characteristics (Cohen's Test), Schulte table test; Ray's twisted lines test; Pieron-Rouser test; shortened five-minute Toulouse-Pieron attention test.

Results: The research shows that the children with ADHD demonstrate derangements in concentration degree, stability, distribution, volume and shift of attention comparing with the children of the control group. For instance, by the end of the Bourdon Test the latter decrease their speed but the concentration remains relatively high, whereas the ADHD children show the deterioration of concentration along with the practically the same speed of performance.

Conclusions: The fatigue as a result of a series of several consequent tasks reflecting various attention characteristics comes sooner to the children with ADHD whereas the children of the control group just slow down the activity and change the strategy, still keeping concentration at the same level.

Conflict of interest: No

Keywords: visual attention; ADHD

EPV0207

Agression and impulsivity in play therapy: therapeutic challenges and limits

M. Gungor^{1*}, S. Calli², S. Arslanogdu² and M. Yavuz³

¹ISTANBUL AYDIN UNIVERSITY, FRENCH LAPE HOSPITAL, Psychology, Child And Adolescent Psychiatry, Küçükçekmece, Turkey;

²Istanbul Aydin University, Psychology Department, Küçükçekmece, Turkey and ³Istanbul Aydin University, French Lape Hospital,

Psychology, Child And Adolescent Psychiatry, Küçükçekmece, Turkey
*Corresponding author.

Introduction: The play therapy is an effective therapy technique in younger ages. Because the verbal capacity of little children is limited. Previous studies reported that play therapy may improve both internalizing and externalizing disorders such as eating problems, sleep disorders, emotional problems, somatoform disorders, hyperactivity and conduct problems.

Objectives: The aim of this study is to evaluate the management of the aggressive behaviors. Probable positive or negative consequences of setting limits in play therapy sessions.

Methods: Four children (three males and one female) between the ages of three and seven were followed for 20 weeks with play therapy. The common symptoms of the children were hyperactivity, aggressive behaviors towards parents and peers. The fifty minute sessions were planned as one in a week. The authors will present the clinical features of the children, and the progression of the therapeutic sessions.

Results: The therapists allowed children to reflect their aggressive impulses to a certain degree during play. However, their aggressive

attitudes towards toys and therapists were not allowed. After 20 sessions, the clinical interview revealed that the externalizing problems of the children are decreased in school and family environment.

Conclusions: Play therapy is an effective therapeutic technique, especially for younger children presenting with externalizing problems. Therapists should be flexible when dealing with aggressive behaviors of the children. Optimum rules and limits should not prevent expressing aggressive fantasies of the children in sessions, but should direct such aggressive fantasies towards creative games in therapy.

Conflict of interest: No

Keywords: Play therapy; aggression; limits; Children

EPV0212

The zone of proximal development in children with specific developmental disorders

M. Ivanov

Moscow Institute of Psychoanalysis, Department of Child And Adolescent Clinical Psychology, Moscow, Russian Federation

Introduction: The concept of the zone of proximal development (ZPD), was first introduced by Lev S. Vygotsky. This concept is used to reveal the internal connections between the learning process and the mental development of the child. The research of the ZPD is relevant for children with various intellectual disabilities.

Objectives: Explore the zone of proximal development in children of preschool age with specific developmental disorders.

Methods: 50 children aged 5-6 years were examined (27 children with the of specific developmental disorders (ICD-10, F80-F83); 23 children with the normative development). Subtests WPPSI (Russian version): Block Design; Similarities; Picture Concepts.

Results: If the task performance was done incorrectly or if there were difficulties, the child was helped. The help of the specialist was carried out in the form of individual hints. In the experiment were introduced "leading questions", "lessons-tips", "auxiliary tasks". Three criteria for assessing the child's intellectual development were used: susceptibility to the help of the experimenter, the ability to transfer the learned principles to other tasks and the orientation activity of the child. Another important factor influencing the efficiency of determining the ZPD is the emotional and motivational involvement of the child in joint activities with adults.

Conclusions: Diagnosis and determination of ZPD makes it possible to directly determine the level of mental development when using psychometric tools and the ability (prospects) to learn. Funding. – The research was supported by the Grants of the President of the Russian Federation for state support of young Russian scientists – MK-3619.2019.6.

Conflict of interest: No

Keywords: Children; specific developmental disorders; zone of proximal development; Lev S. Vygotsky

EPV0213

Deprivation factors and mental health in early childhood

M. Ivanov*, I. Margolina and N. Platonova

Federal State Budgetary Scientific Institution "Mental Health Research Centre", Department of Child Psychiatry, Moscow, Russian Federation

*Corresponding author.

Introduction: The impact of stress factors on mental and physical development of children is very important due to their prevalence and psychosocial consequences.

Objectives: The aim is to examine the impact on the child mental development of the following deprivation factors: parental deprivation (orphans), family physical abuse, family sexual abuse.

Methods: Clinical (pediatric, neurological, psychopathological) and psychological. Follow-up study. The children (age from 1 to 15 years) exposed to parental deprivation (98 persons), physical (72 persons) and sexual abuse (60 persons).

Results: In all groups, specific mental disorders are represented by both: - positive psychopathological symptoms include affective disorders and psychopathic disorders; - negative psychopathological symptoms are manifested by the deficiency of a number of mental functions (mental retardation, emotional deficiency, lack of communicative functions and, as a consequence, lack of social competence in the future). It is common that, with prolonged exposure, all three types of mental deprivation contribute to the likelihood of personality disorder in the future, manifested in the form of sequentially occurring emotional disorders, attachment disorder, communicative disorders and behavioral problems.

Conclusions: Parental deprivation, physical and sexual abuse are stress factors that cause mental development disorders, including both non-specific psychiatric disorders observed in all three cases, and other types of psychogenic inherent in childhood, and specific disorders to the traumatic factor. The fact of a significant psychosocial importance that stresses the urgency of this problem is the tendency to repetition by persons exposed to these deprivation factors, experienced as a child in relation to their own children and others during adulthood.

Conflict of interest: No

Keywords: orphans; deprivation; physical abuse; sexual abuse

EPV0214

Suicide attempts in adolescents: a case report

Á. Izquierdo De La Puente^{1*}, P. Del Sol Calderón¹, M. Garcia Moreno¹, M. Vizcaíno Da Silva¹, R. Fernández Fernández², O. Mendez Gonzalez¹, A. Rodríguez Rodríguez¹, R. Blanco¹, M. Martín García³ and I. González-Villalobos Rincón¹

¹HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain; ²Hospital Universitario HM Puerta del Sur, Psychiatry, Mostoles, Spain and ³Hospital Universitario Puerta de Hierro, Majadahonda, Madrid, Spain
*Corresponding author.

Introduction: We presented a case of a 16-year-old patient who is brought to the Emergency Department after autolytic attempt is raised.

Objectives: The objective is to review the incidence of suicide in adolescents

Methods: A 16-year-old female patient who is brought by the SUMMA by autolytic attempt. After having a family discussion, the patient throws herself on the road with the intention of being hit by a car. The patient refers to a chronic situation of intense family conflict motivated by the parents' rejection of their daughter's romantic relationships.

Results: Upon psychopathological examination, the patient does not present major mood alterations or anxious semiology or

alteration of the chronobiological rhythms that could indicate the existence of an associated mood disorder. Given the absence of insight and criticism of the self-injurious gesture, she was hospitalized.

Conclusions: The suicide attempt is one of the most important risk factors for the consummation of suicide. It is estimated that among the adolescent population, between 2 and 12% have made some self-injurious gesture with autolytic purpose. The most frequent stage is between 15 and 19 years, increasing the risk with age. In recent years, the suicide rate among adolescents has increased, becoming the third leading cause of death in this age group. The most commonly used method is the superintake of psychotropic drugs. As in the adult stage, autolytic attempts are more common in females while consummated ones are more frequent in males. Family conflicts, bullying, harmful use of social networks and background in the suicide family are risk factors.

Conflict of interest: No

EPV0215

Kleine lein syndrome: a case report

Á. Izquierdo De La Puente*, R. Perteguer, P. Del Sol Calderón and M. Garcia Moreno

HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: Klein Leine syndrome is relatively rare. He has hyperphagia, hypersomnia and hypersexuality. The case of a patient who after alcohol intake begins with hypersomnia is presented.

Objectives: The objective is to make a brief review about this syndrome.

Methods: A 13-year-old female patient who, after consuming alcohol for the first time, begins to progressively develop hypersomnia, getting to sleep more than 24 hours. Also associated with this picture, begins to present hyperphagia, with a feeling of lack of control over food. Her parents said they found her apathetic, with difficulty performing tasks and more clueless. Denies toxic consumption, apart from alcohol. No psychotic symptoms or other symptoms that suggest infectious origin.

Results: After performing complementary tests among which blood and urine tests were found, the diagnosis was confirmed by the Electroencephalogram (EEG).

Conclusions: Kleine Lein syndrome occurs in outbreaks, with the typical triad of hyperphagia, hypersomnia and hypersexuality. Hypersomnia is the most frequent symptom and hypersexuality is more frequent in men. Also, during outbreaks, they present apathy, confusion and slowing down. It is of unknown origin and usually appears around 15 years of age. It is relatively common for episodes to be triggered with alcohol intake. The characteristic pattern in the EEG is generalized slowness without epilepsy data. The treatment includes regularization of the rhythms of sleep and lithium.

Conflict of interest: No

Keywords: teenagers; Kleine Lein Syndrome

EPV0218

PTSD symptoms in adolescents from low- and middle-income countries: international child mental health - study group

D. Stupar¹, D. Stevanovic¹, A. Doric² and R. Knez^{3*}

¹Clinic for Neurology and Psychiatry for Children and Youth, Department of Child Psychiatry, Belgrade, Serbia; ²Faculty of Humanities and Social Sciences, Department of Psychology, Rijeka, Croatia and ³University of Gothenburg, Department of Psychiatry And Neurochemistry, Gothenburg, Sweden

*Corresponding author.

Introduction: Exposure to traumatic events in childhood and adolescence is associated with the development and maintenance of various psychopathologies, such as anxiety, depression, somatic, but most frequently with posttraumatic stress disorder (PTSD). Adolescent PTSD is unresearched in low- and middle-income countries (LMICs).

Objectives: To evaluate the presence of PTSD symptoms in trauma-exposed adolescents from LMICs.

Methods: The study included 3370 adolescents (1465 (43.5%) males; age mean 15.41 (1.65) years), experiencing at least one traumatic event, from Brazil, Bulgaria, Croatia, Indonesia, Montenegro, Nigeria, Palestinian Territories, the Philippines, Romania, Serbia, and Portugal, a high-income country, as a reference point. The UCLA PTSD Reaction Index for DSM-5 (PTSD-RI) was used.

Results: 960 (28.5%) adolescents had two to three PTSD symptoms. The percentages of adolescents with symptoms from all four DSM-5 criteria for PTSD were 6.2-8.1% in Indonesia, Serbia, Bulgaria, and Montenegro; and 9.2-10.5% in Philippines, Croatia and Brazil. From Portugal, 10.7% adolescents fall into this criterion, while 13.2% and 15.3% for Palestine and Nigeria, respectively. Younger age, experiencing war, being forced to have sex, and greater symptom severity (i.e., persistent avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity) appeared as the predictors of PTSD symptoms present. **Conclusions:** Every third adolescent in LMICs might have some PTSD symptoms after experiencing a traumatic event, while one in ten might have enough symptoms to be diagnosed with PTSD. Younger adolescents, exposed to war or forced to sex, and those with more severe PTSD symptoms are at the greatest risk.

Conflict of interest: No

Keywords: UCLA PTSD index; Culture; traumatic events; prevalence

EPV0219

Disorders of adaptation in children from forcibly displaced families

H. Kozhyna*, O. Samoylova, K. Zelenska, T. Radchenko and V. Koshchii

KHARKIV NATIONAL MEDICAL UNIVERSITY, Psychiatry, Narcology And Medical Psychology, Kharkiv, Ukraine

*Corresponding author.

Introduction: Children are too vulnerable to psycho-traumatic factors. Their unformed psyche cause a more severe response to the action of a traumatic situation, as well as the low level of control of emotional reactions.

Objectives: Clinical-psychopathological and pathopsychological features of children from forcibly displaced families with

adaptation disorders were investigated with separation of targets of psychotherapy.

Methods: We have used the following research methods to achieve our goal: clinical psychopathology, psychometric, psychodiagnosis and medical statistics.

Results: The prevalence of the expressed manifestations of distress in the structure of clinical manifestations in the examined children was found: discomfort, somatic equivalents of anxiety; involuntarily intolerable repetitive ideas and images about stressful experiences, compulsive actions with anxiety and mental stress; the presence of cognitive and somatic correlates of depression. It was determined that in psychological mechanisms of formation of adaptation disorders in children from forcibly displaced families, there are character traits (incredulity, excessive vulnerability, negativity, stubbornness, self-centeredness, coldness and formality in contacts, irresponsibility, capriciousness, emotional imbalance), as well as trait anxiety.

Conclusions: The age-sex and demographic features of the formation of anxiety and depression level were established among children from forcibly displaced families, with the establishment of correlation-regression interconnections with the forming factors. The presence and severity of the main protective psychophysiological mechanisms were identified in children from forcibly displaced families; and the targets of psychotherapy were detected.

Conflict of interest: No

Keywords: children from forcibly displaced families; adaptation disorders; psycho-traumatic factor; post-traumatic stress disorder

EPV0220

A brief paradigm to evaluate mentalization and theory of mind, in preschool children

S. Lascarez Martínez* and J. Flores Lázaro

Universidad Nacional Autónoma de México, Neurociencias, México, Mexico

*Corresponding author.

Introduction: Reliable instruments that evaluate core developmental capacities for mentalization/theory of mind, based on normative developmental characteristic, in preschool children divided by sex, are word wide scarce.

Objectives: Develop a brief paradigm for mentalization and theory of the mind that allows the analysis of these dimensions separately and in groups.

Methods: We developed a brief paradigm to evaluate Mentalization (face emotion recognition), and Theory of mind (agency: cause-effect actions). a) Face coupling: face-draws cards with six basic emotions are presented to be coupled-paired (coupling the same emotions). Avoiding naming (language effect), or confrontation (identification by explicit knowledge). Focusing on perceptual features of recognition and coupling. b) Agency: six histories presented in three separated cards (beginning-history setting, history action, and final effect), in each history a children is the agent, and other children is the recipient of the agency. Children must order the cards in sequence. c) Psycholinguistic performance: audio-recording was performed of the spontaneous oral-language production for each history elaboration. No specific instruction is given. For all three dimensions several parameters were registered and numerically qualified; 100 normative children from 3 to 6 years old (balanced by sex) were studied; a clinical behavioral scale for autistic traits, and performance in a computerized attention-detection test, was included as co-variables.

Results: show different developmental trends (age in months), for girls versus boys. Specific results for each dimension (correlation, anova and linear regression) are presented.

Conclusions: The differences presented suggest that the mentalization and theory of the mind may be different dimensions that require independent analysis.

Conflict of interest: No

Keywords: preschool children; paradigm; mentalization; theory of mind

EPV0225

Child sexual abuse and revictimization at law courts: neuroendocrine effects.

A.M. Martorella

Hospital Materno Mar del Plata, Mental Health, Mar del Plata, Argentina

Introduction: Currently, cases of intrafamily CSA require the intervention of the Family and Penal Law Courts. In all cases, the actors at law courts show a marked lack of knowledge about the characteristics of the evolving child psyche and its implications in cases of intrafamily CSA, which leads them to revictimize the child when exposed to the re-evocation of traumatic episodes in environments devoid of emotional reliability and therapeutic support. The situation further worsens if one considers that the testimony of the minor involves a member of their family as an aggressor figure, hence the cover court refers to Cars as "aggravated sexual abuse by the link". This means that we are faced with a representation of incest with all that this entails in structuring the psyche during early growth and development.

Objectives: Test differences in evolution and prognosis in the short and medium term.

Methods: Several child victims (3 boys, 5 girls) who have or not given testimony have been selected in this sample.

Results: From my professional experience in adolescence and child psychiatry, I can infer that children, who have been victims of intrafamily sexual abuse and who, in turn, have been exposed to testimonial situations in the different judicial stages, are more likely to show neuroendocrine symptomatology (eg cushing syndrome).

Conclusions: Court staff should be trained to interview child victims according to the age of each one. Likewise, the victims can be heard through their representative: their therapist, who can be punishable in case of false testimony.

Conflict of interest: No

Keywords: child sexual abuse; revictimization; post traumatic disorder; neuroendocrine effects

EPV0229

Psychopathology in fragile X syndrome. Experience in a genetic disorders unit from a children and adolescent mental health center.

M. Oscoz Iruozqui^{1*}, L. Urraca Camps², S. Pujol Serra², C. Colomina Llobell², M. Pàmias Massana² and D. Palao Vidal²

¹Benito Menni CASM, Psychiatry, Sant Boi de Llobregat, Spain and ²Parc Tauli-University Hospital, Mental Health, Sabadell (Barcelona), Spain

*Corresponding author.

Introduction: Fragile X syndrome (FXS) is a X-linked disorder which has been associated with a high risk of psychopathology, particularly neurodevelopment disorders like attention-deficit/hyperactivity disorder (ADHD) and Autism Spectrum Disorder (ASD), and those are of interest to the psychiatrist.

Objectives: The aim of the study is to describe and analyze demographic and clinical features of comorbid psychopathology in patients diagnosed of Fragile X syndrome.

Methods: A retrospective analysis of patients with genetically confirmed XFS who were referred to Genetic Disorders Unit and treated by children and adolescent mental health professionals from January 2018 to August 2019 were included. Data was obtained from the clinical evaluations, and previous clinical information recorded in our unit database. Statistical analysis was performed with SPSS.

Results: A total of 18 patients under 21 years old were analyzed. The 55.5 % were men and mean age was 11.6 ± 4.2 . Origin referring department was Neurology (83.3%) and main reasons for consultation were behavioral disturbance (55.5%) and anxiety (27.7%). Higher incidence diagnosis were ASD (38.8%), ADHD (61.1%) and anxiety (16.6%). 77.7% of patients had intellectual disability or borderline intellectual functioning. 100% had psychological intervention, 72.2% pharmacological treatment and 72.2% had nursery and social work follow-up.

Conclusions: High prevalence of psychiatric disorders in our sample were observed. An intensive treatment by child and adolescent mental health professionals to all comorbid disorders is determinant to improve mental outcomes treating FXS patients.

Conflict of interest: No

Keywords: fragile x syndrome; psychopathology; GENETIC DISORDERS; Children

EPV0231

"How long does it take for antipsychotic to get out of my child system?"- Discontinuation of antipsychotic in children.

R. Patel

County of San bernadino, Mental Health, Corona, United States of America

Introduction: According to the most recently data, there is significant increase in prescription of psychotropic medication and particularly antipsychotic medication in children and adolescent. Antipsychotic medication can have long-lasting consequences particularly due to the side effects for children and adolescent. It should be prescribed appropriately and patient should be evaluated for ongoing necessity for antipsychotic medication.

Objectives: The purpose of this presentation to discuss slowly tapering and discontinuing antipsychotic medication. We will also discuss importance of being cautious while switching patient high potency antipsychotic medication to low potency antipsychotic medication, as well effects of polypharmacy and cocurrent use of stimulant medication.

Methods: We discuss about different case presentations, collection of data from clinical cases, and how we discontinued their antipsychotic medication

Results: There is no particular guideline available how to discontinue antipsychotic medication and children and an abrupt or quick discontinuation can lead to withdrawal dyskinesia.

Conclusions: At the conclusion of presentation, participant will have knowledge about importance of slowly tapering antipsychotic medication particularly in children and need for continuous assessment particularly for withdrawal dyskinesia. during the switching or tapering or adding medication

Conflict of interest: No

Keywords: Antipsychotic medication; Discontinuation of Antipsychotic medication; Withdrawal dyskinesia; switching of medication

EPV0232

Parental practices implemented in adolescents in the city of santa marta, colombia

L.F. Miranda¹, K. Pérez Correa^{2*}, L. Pedraza Álvarez³ and W. Salas Picón²

¹Universidad del Magdalena, Facultad De Educación, Santa Marta, Colombia; ²Universidad Cooperativa de Colombia, Facultad De Psicología, Santa Marta, Colombia and ³Universidad del Magdalena, Facultad De Ciencias De La Salud, Santa Marta, Colombia

*Corresponding author.

Introduction: Parental practices become a key factor in the generation of prosocial or aggressive behaviors in adolescents and, consequently, have incidences in the way they behave and live together in social groups.

Objectives: In this sense, the present work aims to identify the parental practices applied by the caregivers of adolescents in the city of Santa Marta, Colombia.

Methods: It was developed as a quantitative cross-sectional research where the Parental Practice Scale was applied in a sample of 51 adolescents with an average age of 12.35 years.

Results: The parental practices that were reflected were permissive, authoritarian and democratic practices. On permissive practices, the Parental Practice Scale found that 78.4% of adolescents responded that their parents were permissive, while 21.6% responded otherwise. On authoritarian parental practice, 82.4% of adolescents responded that their parents are not authoritarian, however, 17.6% said they were. Regarding democratic parental practice, 94.1% of adolescents expressed that their parents did not apply this type of practice, and only 5.9% answered the question in the affirmative.

Conclusions: There is a need to implement parental practices that promote prosocial behaviours in adolescents in the perspective of ensuring the construction of favourable behaviors for peaceful coexistence in society.

Conflict of interest: No

Keywords: Parental practices; prosocial behavior; aggressive behavior

EPV0233

Prosocial and aggressive behaviors in adolescents in the city of santa marta, colombia

L.F. Miranda¹, K. Pérez Correa^{2*}, J. Viloría Escobar³ and F. Rodríguez Pacheco³

¹Universidad del Magdalena, Facultad De Educación, Santa Marta, Colombia; ²Universidad Cooperativa de Colombia, Facultad De Psicología, Santa Marta, Colombia and ³Universidad del Magdalena, Facultad De Ciencias De La Educación, Santa Marta, Colombia

*Corresponding author.

Introduction: According to the theory of social learning, the behaviors and behaviors developed by children and adolescents are learned from the contexts where they live and are mediated by the parental practices of their caregivers.

Objectives: In this sense, the objective of the present work is to identify the prosocial and aggressive behaviors of adolescents in the city of Santa Marta, Colombia.

Methods: We developed a quantitative cross-sectional research where the CESC instrument was applied in a sample of 51 adolescents with an average age of 12.35 years.

Results: 15.7% of adolescents reflected aggressive behaviors, however 84.3% of these do not have this behavior. On the other hand, related to prosocial behaviour, only 5.9% of the sample demonstrate this type of behaviour, on the other hand that 94.1% of these do not have prosociality within their interpersonal relationships and in social settings.

Conclusions: There is a need to promote greater prosocial behaviour in adolescents based on the intervention of social scenarios such as family and school, in order to ensure the promotion of values and standards that allow them to be set up as adults comprehensive and peaceful in society that contribute positively to the development of communities.

Conflict of interest: No

Keywords: Parental practices; prosocial behavior; aggressive behavior

EPV0234

Approach through stories of emotional regulation to anxiety in a sample of primary school students.

S. Pérez Sánchez^{1*}, I. Martín Herrero¹, A. Crespo Portero² and D. Güimil Raya¹

¹Morales Meseguer Public University Hospital, Psychiatry, Murcia, Spain and ²Lorca Mental health Center, Psychiatry, Lorca, Spain

*Corresponding author.

Introduction: Anxiety disorders are the most diagnosed psychological problems in children. Its natural evolution without treatment can lead to serious negative repercussions on academic, social and family functioning. The group storytelling work in the classroom means that through the exposure of emotions and identification with classmates, the student can acquire the ability to internalize them.

Objectives: 1 Determine the frequency and characteristics of childhood anxiety symptoms in a community-based school population. 2 With group therapy techniques through stories you can improve the expression of emotions.

Methods: Interventions (4 monthly sessions) in the classroom through storytelling and group reflection. Prospective collection: 9 months. Transversal assessment with SCAST scale before and after intervention. SPSS16.0

Results: 107 primary students participated: 37.38% men, 62.6% women. According to age: 42.7% 7 years, 57.3% 8 years. Average pre-intervention score: 25.2% high anxiety, most often these scores in the group of women (66%), showing greater separation anxiety and physical fears (2.3%) and social phobia (1.7%). Post intervention: observed decrease of the average global score of 21.2 (SD = 9.8). Finding a greater decrease in global scores associated with female sex without being statistically significant.

Conclusions: We believe that at the community level it is necessary to explore anxieties and fears in children in order to provide tools

for managing emotional regulation. We believe that stories can be an effective tool in addressing these emotions and easily applied in the school environment to favor the growth and integral learning of children and adolescents. With group therapy techniques through stories you can improve the expression of emotions.

Conflict of interest: No

Keywords: stories; emotional regulation; anxiety; primary school students.

EPV0235

“Why do i have this pain? What if it is a serious disease?” – A reflection about somatic symptoms in children and adolescents

M. Pinto*, M.J. Lobato De Sousa, M.G. Almeida and C. Maia

Centro Hospitalar do Tâmega e Sousa, Child And Adolescent Psychiatry, Guilhufe, Portugal

*Corresponding author.

Introduction: Somatization is common in children and adolescents. When it is impairing, persistent and meets specific criteria, it becomes a disorder called Somatic Symptom Disorder (SSD). SSD may result in disproportionate healthcare utilization, school absenteeism and even unnecessary diagnostic and treatment intervention.

Objectives: Highlight some of the themes seen in pediatric somatization through a case presentation; review the literature and summarise the risk factors, evaluation and management of such cases.

Methods: Case presentation of a 17-year-old male with emergency room visits and several appointments in different medical specialties for management of his chest pain and other somatic symptoms. Extensive work up has been negative and he has a history of anxiety symptomatology. Based on this clinical case, we carried out a narrative literature review.

Results: There are multiple risk factors for SSD. While their existence does not necessarily imply a diagnosis of SSD, it should increase suspicion. Diagnostic evaluation should be multimodal with a work up of physical health causes appropriate for the complaints, while avoiding invasive testing or intervention, and an early and close collaboration with mental health services. Proven treatments include cognitive behavioural therapy, mindfulness-based therapy, and pharmacotherapy.

Conclusions: Somatic symptomatology may adversely affect the academic and social functioning of children and adolescents and there is a higher risk for developing anxiety and depressive disorders in young adulthood. Therefore, after ruling out organic causes, anxiety and other emotional factors should be identified and managed at the earliest with the involvement of the children and their families.

Conflict of interest: No

Keywords: somatization; somatic symptom disorder; Anxiety; Children and adolescents

EPV0236

Antipsychotic and mood stabilizer treatments complete slow removal in a severe mental illness young adult diagnosed in adolescence.

T. Ponte-López^{1*}, J. Herranz-Herrer¹, L. Caballero Martínez², E. Gil-Benito¹, B. Estevez-Peña¹, A. Pérez-Balaguer³, M.J. Lobato¹ and M. Martín García¹

¹Hospital Universitario Puerta de Hierro, Majadahonda, Madrid, Spain; ²Hospital Puerta de Hierro, Psychiatry, Madrid, Spain and

³Hospital Puerta de Hierro de Majadahonda, Majadahonda, Madrid, Spain

*Corresponding author.

Introduction: Adolescents developing severe disruptive behaviors and psychotic symptoms are occasionally admitted and diagnosed as severe mental illness.

Objectives: The purpose is to show a successful high dose treatment withdrawal in a young woman who was admitted to the Psychiatric Day Hospital with a previous history of 9 adolescent psychiatric unit's admissions, multidiagnosed, with bipolar and psychotic disorders among others. At the arrival her treatment was: haloperidol 4.5mg/d, quetiapine 1200mg/d, lamotrigine 125mg/d, valproic acid, 1750mg/d, melatonin 5mg/d, zolpidem 5mg/d.

Methods: Stabilizer and antipsychotic drugs were gradually removed. She initially showed an illness role and a regressive attitude, with disproportionate reactions, frequent mood fluctuations, disrupting behavior and dissociative symptoms which included short self-limited hallucinatory phenomena that had complete remission with benzodiazepines. She started referring hallucinations on his first admission by copying another patient. Parent interviews reflect a rigid family system built around the daughter's illness, reacting aversively to the patients recovery and when feeling challenged during psychoeducation. We conducted a narrative approach that fosters hope, healthy aspects, and encouraged an autonomous self separated from the illness.

Results: It was shown a growth in self-regulation, social interaction, life functionality with optimistic projection of the future, and disruptive behaviors ceased completely. Besides, she had a 18kg weight loss that took her from 34.3 BMI to a healthy appearance.

Conclusions: During the 10 months of follow-up, no psychotic symptoms or major affective symptom were observed. Diagnosis when discharged was “previous diagnoses, currently in remission”. Treatment was: fluoxetine 20 mg/d, topiramate 200 mg/d and clonazepam 0.5mg/d.

Conflict of interest: No

Keywords: Bipolar disorder; borderline personality; psychosis; dissociative

EPV0239

Current situation of chilean education and a way to prevent desertion and delinquency based on mental health

J. Rojas

Hospital de Niños Dr. Luis Calvo Mackenna, Psychiatry, Providencia, Chile

Introduction: Primary education in Chile is provided primarily by public funds and regulated by the Ministry of Education. There is also a minority percentage of the population, corresponding to 7% and coming from more affluent sectors, that access a private education, this being of a higher quality, creating, in this way, a great inequality between these two worlds.

Objectives: To carry out an integrating educational system integrating prevention on mental health, where the individual capacities and personal motivations of each child are managed, to achieve

a possible, practical and applicable education in all the realities of our heterogeneous country.

Methods: The intervention has begun, with 36 children in permanent threat of failure in the traditional school system but still with the possibility of an emotionally adaptive rescue, in a multi-level educational system. It is carried out through activities in an integrating classroom with children from 7 to 12 years old, with activities that develop thought, level and homogenize knowledge. Its objective is to achieve reading, writing and calculation as the main axis, complementing it with the use of technology, bilingualism, art and sport. Short educational sessions (of 20 minutes) are carried out in related subgroups of approximately 6 children, as well as experiential therapeutic activities coordinated by psychologist, social worker and always integrating families in this process of integral growth.

Results: There is still no results from the intervention, since it has started recently in 2018. We hope to have results by march 2020

Conclusions: To be seen

Conflict of interest: No

Keywords: child; education; Motivation; delinquency

EPV0240

Dietary and psychological characteristics of obese japanese children.

M. Saito^{1*}, A. Lefor², S. Saito² and Y. Kikuchi¹

¹Haga Red Cross Hospital, Pediatrics, Mouka, Japan and ²Jichi Medical University, Surgery, Shimotsuke, Japan

*Corresponding author.

Introduction: Due to nutritious school lunches and a culture of walking to school, Japan's childhood obesity rate is lower than in other countries. However, Japan's childhood obesity rate between 1977 and 2015 grew from 2.6% to 3.8% at the age of 6 years and 6.5% to 8.9% at the age of 11 years. An effective intervention for obese Japanese children is considered.

Objectives: The aim of this study was to clarify the dietary and psychological characteristics of obese Japanese children.

Methods: Nine obese Japanese children who applied for a 3-day program which offered workshops on nutrition, mental health and exercise as well as a detailed examination for obesity were interviewed about their diet by a nutritionist. Their mental health was evaluated using the Japanese Questionnaire for Triage and Assessment- a 30 item instrument that measures depression, self-esteem, anxiety and psychological symptoms. Participants were followed for one year.

Results: More than half of the children thought that they had healthy eating habits, however they tended to eat more rice and snacks than their peers. Their self-esteem tended to be lower than children with other chronic diseases ($p=0.0031$). Children with poor family function showed poor improvement in obesity after participating in the program ($p=0.0479$).

Conclusions: Obese Japanese children may be overweight because of eating more rice, a Japanese staple food, and snacks. Parental encouragement may strengthen their self-esteem resulting in their children achieving a healthy weight.

Conflict of interest: No

Keywords: obesity; Japanese; self-esteem; Children

EPV0244

Pharmacogenetics of short-term antipsychotics safety in adolescents with acute psychotic episode: CYP2D6 and ABCB1 polymorphisms do matter

M. Tazagulova^{1*}, D. Ivashchenko², N. Buromskaya³, P. Shimanov⁴, R. Deitch⁵, K. Akmalova⁶, E. Grishina⁶, Y. Shevchenko² and D. Sychev⁷

¹Russian Medical Academy of Continuous Professional Education, Moscow, Russia, Child And Adolescent Psychiatry And Psychotherapy, Moscow, Russian Federation; ²Russian Medical Academy of Continuous Professional Education, Child Psychiatry And Psychotherapy, Moscow, Russian Federation; ³G.E. Sukhareva Research Practical Centre of Children and Adolescents Mental Health, No 1, Moscow, Russian Federation; ⁴G.E. Sukhareva Research Practical Centre of Children and Adolescents Mental Health, No 7, Moscow, Russian Federation; ⁵G.E. Sukhareva Research Practical Centre of Children and Adolescents Mental Health, No 3, Moscow, Russian Federation; ⁶Russian Medical Academy of Continuous Professional Education, Molecular Medicine, Moscow, Russian Federation and ⁷Russian Medical Academy of Continuous Professional Education, Clinical Pharmacology And Therapeutics, Moscow, Russian Federation

*Corresponding author.

Introduction: The concept of personalized medicine is based on patients' unique genetic profiles which can predict treatment options. For instance, polymorphisms of CYP3A4, CYP3A5, CYP2D6, and ABCB1 genes may be associated with adverse effects of psychopharmacotherapy.

Objectives: To establish association of CYP3A4, CYP3A5, CYP2D6, and ABCB1 genetic polymorphisms with safety profile of antipsychotics after one month of treatment in adolescents with acute psychotic episode.

Methods: Thirty six adolescents with acute psychotic episode were included in the study, mean age was 14.83 ± 1.84 years. Follow-up was 30 days. All patients received an antipsychotic as the main treatment. We evaluated frequency of adverse events by UKU Side-Effect Rating Scale. Buccal epithelium sample was retrieved from each patient. Using real-time PCR we detected the following polymorphisms: CYP3A4*22 (rs35599367), CYP3A5*3, CYP2D6*4, *10, ABCB1 1236C/T (rs1128503), 2677G/T/A (rs2032582), and 3435T/C (rs1045642).

Results: The polymorphism ABCB1 2677G>T/A was associated with increased duration of sleep (50% vs 5.6% vs 0%, $p=0.004$), polyuria/polydipsia (33.3% vs 0% vs 0%, $p=0.005$); ABCB1 3435C>T was associated with reduced salivation (55.6% vs 10% vs 14.3%, $p=0.021$). CYP2D6*10 polymorphism was associated with reduced salivation (50% vs 14.3% $p=0.032$) and orthostatic dizziness (37.5% vs 7.1% $p=0.029$). CYP2D6*4 polymorphism was also associated with reduced salivation (60.0% vs 16.1%, $p=0.029$).

Conclusions: We have established that genetic polymorphisms CYP2D6*4, *10, ABCB1 2677G>T/A and 3435C>T were associated with certain adverse effects of antipsychotics in adolescents with acute psychotic episode during the first month on treatment.

Disclosure: Research was supported by the grant of Russian Science Foundation, project №18-75-00046

Keywords: antipsychotics; adolescents; acute psychotic episode; pharmacogenetics

EPV0245

Prevalence of attention deficit and hyperactivity disorder in adolescents attending school

S. Morel, N. Tejada*, N. Martinez and A. Valdez

Pontificia Universidad Católica Madre y Maestra, Escuela De Medicina, Santiago, Dominican Republic

*Corresponding author.

Introduction: Attention Deficit and Hyperactivity Disorder (ADHD) is one of the most common neuropsychiatric conditions that interfere in the normal process of teenage development, adaptation and learning, affecting the fulfillment of norms and in their behavior within family, interpersonal and academic environments.

Objectives: Determine the prevalence of Attention Deficit and Hyperactivity Disorder (ADHD) in adolescents attending school in Santiago de los Caballeros, Dominican Republic.

Methods: The investigators conducted a descriptive, cross-sectional study of primary source during the months of March-April 2018. The population was adolescents from 13 to 17 that were attending school in Santiago de los Caballeros. This investigation was performed through a survey that was filled in by the parents or tutors of the adolescents. The sample used was of 615 students, divided into 12 schools.

Results: The results showed a prevalence of ADHD of 25.7%. The type of ADHD that predominated was hyperactivity and impulsivity (47.5%). The relation between sex and the disease demonstrated a ratio of 1:1. The 27.4% and 22.3% of individuals within the age ranges of 15 to 17 and 13 to 14, respectively, presented symptomatology of ADHD. The analysis presented statistical association between failing subjects and grades and showing symptoms of the disease ($p < 0.05$).

Conclusions: One quarter of the population studied obtained positive result of ADHD. Hyperactivity and impulsivity predominated over the other types of the disorder. Public schools showed more cases than private schools, although no statistical significance was observed. Relation between ADHD and failing grades and subjects at school was found.

Conflict of interest: No

Keywords: adolescent; attention-deficit hyperactivity disorder; prevalence

EPV0247

Treatment-resistant schizophrenia in adolescence: a case report.F.J. Torres Varona^{1*} and N. Rodríguez Criado²

¹Hospital Central de la Defensa Gómez Ulla, Psychiatry And Mental Health Department, Madrid, Spain and ²Hospital Infantil Universitario Niño Jesús, Child And Adolescent Psychiatry And Psychology Department, Madrid, Spain

*Corresponding author.

Introduction: The concept of treatment-resistant schizophrenia includes partial response, absence of remission and inability of antipsychotic treatment to prevent relapse. 34-50% of cases of early onset schizophrenia have an insufficient response to antipsychotic treatment. Clozapine is the treatment of choice in these cases. However, a delay in the initiation of clozapine is common.

Objectives: Describing the case of a 15-year-old male diagnosed with treatment-resistant schizophrenia.

Methods: We present the case of a 15-year-old male who manifests auditory, visual and cenesthetic hallucinations and delusional ideation for over a year. History of developmental delay between age 2 and 6. Schooling in the ordinary education system since age 7, with good adaptation and academic performance. Psychomotor development without other alterations. He lives with his parents and his younger brother. Risperidone was started (up to 6 mg/day), with partial improvement and significant side effects (drowsiness, bradypsychia and hyperprolactinemia), so aripiprazole was added (up to 10 mg/day), with insufficient response. The patient enters the child and adolescent psychiatry service due to a clinical worsening in the last 2 weeks despite the pharmacological treatment.

Results: The patient initiated treatment with clozapine up to 200mg/24h, with adequate tolerance. A significant improvement in positive symptoms and mood was observed. After discharge, he continued outpatient treatment in a child and adolescent psychiatry day hospital.

Conclusions: Early onset schizophrenia is a prevalent and severe pathology with a poor prognosis. Early diagnosis is essential. The goal of treatment should be clinical remission.

Conflict of interest: No

Keywords: early-onset schizophrenia; treatment-resistant schizophrenia; clozapine; adolescent

EPV0249

Comparison of attitudinal aspects of body image in adolescents with self-reported nssi and body modificationsA. Ryzhov^{1*}, K. Mamedova², E. Sokolova¹, L. Pechnikova¹ and E. Zhuykova³

¹Lomonosov MSU, Faculty of Psychology, Moscow, Russian Federation; ²Lomonosov MSU, Baku Branch, Baku, Azerbaijan and

³Psychological Institute of the Russian Academy of Education, Adolescent Psychology Laboratory, Moscow, Russian Federation

*Corresponding author.

Introduction: Body image attitudes play an important role in both culturally sanctioned (tattoo and piercing) and deviant (self-cutting) body-mutilations. To what extent they share the same features in both cases, and whether extreme body modifications can be regarded as mild forms of nonsuicidal self-injurious behaviour remains unclear.

Objectives: The goal of the study was to compare attitudes towards body in adolescents with non-suicidal self-injury (NSSI) and body modifications (BM).

Methods: Participants were 28 adolescents (15-20 years) with self-reported NSSI, and 28 adolescents with extreme forms of BM (age ranged 15-20 years). Body attitudes were assessed with Russian versions of MBSRQ and BIQLI questionnaires (Brown et al, 1990, Cash, 2000, Cash & Fleming, 2002, Baranskaya, 2010). Beck Hopelessness scale was used as a measure related to suicidality and depression. Presence of NSSI was assessed with Reasons for Self-injury survey (Polskaya, 2013).

Results: (1) NSSI group scored significantly lower than BM on Appearance Evaluation (Mann-Whitney's U, $p < 0.001$) and Fitness Evaluation (U, $p < 0.01$) scales only. Both groups scored significantly lower than a normative sample on all evaluative scales, and Body areas self-satisfaction scale (Kruskal-Wallis H, $p < 0.001$, $p < 0.005$ for different scales). (2) Groups showed no significant differences on Hopelessness scale, but both scored higher than normative sample

(H, $p < 0.001$). (3) In NSSI group only a significant correlation between Hopelessness scale and both Appearance Evaluation and Orientation scales was found ($r = -0.43$ and $r = -0.44$, $p < 0.05$).

Conclusions: There are signs of negative body attitudes in both groups, but NSSI group is more affected and shows relationships between appearance worries and depressive preoccupations.

Conflict of interest: No

Keywords: hopelessness; NSSI; body modifications; body image

EPV0250

Variability in the final subtype of bipolar disorder in children and adolescents in a spanish sample

M. Ribeiro-Fernández^{1*} and A. Diez-Suarez^{2,3}

¹Complejo Hospitalario de Navarra, Psiquiatría, Pamplona, Spain;

²Clínica Universidad de Navarra, Psiquiatría, Pamplona, Spain and

³The University of Texas, Psychiatry And Behavioral Sciences, Houston, United States of America

*Corresponding author.

Introduction: Although the diagnosis of Bipolar Disorder (BD) in adults does not present controversies, more than 60% of patients report onset of symptoms before the age of 20. These symptoms can be non-specific, which can lead to a delay in diagnosis.

Objectives: To analyze the variability over time of a sample of 72 patients under 18 years of age diagnosed with BD according to the DSM criteria.

Methods: A sample ($n = 72$) of children and adolescents with DSM BD is evaluated according to subtype (I, II and NOS). This sample is evaluated over a 15-year period. We assessed the most frequently present symptoms prior and at time of diagnosis and its subtypes (I, II and NOS)

Results: Patients [75% boys, median age at diagnosis 12.6 years] went follow up for a median period of 3.86 years. At the time of diagnosis, 37.5% had BD-I, 8.3% BD-II, and 54.2% BD-NOS. At follow-up, 62.5% had BD-I, 8.3% had BD-II, and 23.6% had BD-NOS, whereas 4.2% no longer met the DSM criteria for BD.

Conclusions: After a median follow-up period of 3.86 years half of all patients with baseline BD-NOS maintained their BD subtype, but most of the other half showed conversion to BP-I at follow up. Only 4.2% of the sample (all with BD-NOS at baseline) did not meet criteria for BD at follow up, and these patients were stable.

Conflict of interest: No

Keywords: Subtype; Bipolar disorder; Children; adolescent

EPV0257

Depressive disorder in children and adolescents: comorbidities and therapeutic management: about 40 cases

W. Bamaarouf

Hospital ARAZZI SALE, Psychiatry, SALE, Morocco

Introduction: Adolescent depression is a real diagnostic and therapeutic issue for the child psychiatrist on a daily basis. The international recommendations that have developed since 2005 are fairly consensual and emphasize the need for identifying and diagnosing depression in children and adolescents. Management is essentially psychotherapeutic and the place of therapeutic drugs

Number	40
Middle age	12,675
Diagnostic	First episode:72.5% Recurrent depressive disorder:27.5%
Suicidal ideation	Yes:22,5% No:77.5%
Antidepressants	Sertraline:42.5% Fluoxetine:57.5%
Comorbidities	Anxiety disorders:60% Conduct disorders:35% Drug addiction:7.5%

(mainly fluoxetine) must be modest. Medications should be introduced with caution.

Objectives: To shed light on the socio-demographic and psychopathological characteristics of patients with depressive disorder and to identify the main comorbidities and antidepressants used in the management of these young patients.

Methods: Retrospective study on 40 consultation files carried out at the child psychiatry service of the Arrazi University Psychiatric Hospital.

Results: Sociodemographic and Psycho-pathological characteristics:

Conclusions: The recommendations of good practice on the diagnosis and the management of the depressive manifestations of adolescents have developed since 2005 on the international level. The recommendations are fairly consensual and emphasize the need for identification and diagnosis of depression in children and adolescents. Management is essentially psychotherapeutic and the place of therapeutic drugs (mainly fluoxetine) should be modest and should be introduced with caution. Treatment must be carefully monitored. New therapeutic modalities (Transcranial magnetic stimulation) are being studied for resistant depressions. Their interest would be to be able to do without antidepressant drugs whose benefit / risk ratio is lower in young people at other times of life.

Conflict of interest: No

Keywords: médication; Dépression; Children; adolescent

EPV0258

Parent screening during child assessment: exploring child and parent psychopathology in child/adolescent clinic.

M. Bani^{1*}, B. Allkoja² and E. Petrela³

¹University Hospital Center "Mother Teresa", Tirana, Albania.,

Department of Neuroscience,, tirana, Albania; ²HEALTH

COMMUNITY CENTER NR.1, Child/adolescent Psychiatry,

TIRANA, Albania and ³University Hospital Center "Mother Teresa",

Tirana, Albania., Department of Statistics, tirana, Albania

*Corresponding author.

Introduction: Children of depressed and/or anxious parents are at increased risk of developing psychiatric disorders. An observational cross-sectional study was done to identify this relationship.

Objectives: 1) to identify the current rates of parental symptoms in families coming to the UHC, CHILD AND ADOLESCENT PSYCHIATRIC CLINIC; 2) to determine whether there is a relationship between parental symptoms and parent reports of their children's symptoms

Methods: The sample includes youth 4 through 17 years of age (n=98) from 345 ,who were evaluated between February 2019, and September 2019 CHILD AND ADOLESCENT CLINIC in Mother Tereza Hospital. Were excluded children with a life-threatening medical illness, active psychosis, active suicidality, mental retardation, pervasive developmental disorder, or physical/sexual abuse (n=245).

Results: Parental reports on the SDQ internalizing scales were highly correlated with scores of depression in PHQ-9, higher in mothers, (for mothers: $y=9.78+1.48 \text{ depresi_prind}$; For fathers: $y=10.91+0.04 \text{ depresi_prind}$) The same was found for the relationships between parental reports on the SDQ internalizing scale with scores on parental reports on GAD-7.

Conclusions: Both parents' symptoms were significantly associated with their reports of children's internalizing and externalizing problems. This may be due to parents' symptoms influencing their interpretation of their children's problems.

Conflict of interest: No

Keywords: child psychiatric evaluation; parent screening

EPV0260

Outcome predictors in a low-intensity early start denver model implemented in the taiwanese public health system

C.-H. Chiang* and T.L. Lin

National Chengchi University, Psychology, Taipei, Taiwan

*Corresponding author.

Introduction: Early Start Denver Model (ESDM) is an evidence-validated program for young children with autism spectrum disorder (ASD). In the past nearly 10 years, most of the ESDM studies were reported in the west, what predictors of outcome implementing ESDM in Taiwanese public health system is an open issue.

Objectives: The purposes of this study was to examine the predictors of outcome implementing low-intensity ESDM for young children with ASD in Taiwanese public health service system.

Methods: A total of 25 children with ASD aged between 25 and 46 months were recruited. Children in ESDM intervention group received 9 hours per week of one on one ESDM intervention in clinical settings for 24 weeks. Children outcome measures were administered pre and post intervention, comprising the cognitive ability, language, adaptive behaviors and symptom severity assessed by the MSEL, ABAS-II and ADOS, respectively. Outcome predictors measures were administered at pre intervention, comprising temperament, sensory process, imitation, play and social orientation.

Results: The results revealed that children in ESDM intervention having better imitation and play performances at pre-intervention can predict better improvements in cognitive ability, and having more initiating joint attention and lower object exploring can predict more decrease in symptom severity.

Conclusions: The study showed that social communicative abilities such as imitation, play and joint attention are important indicators to predict the outcomes in cognitive function and autism severity in low-intensity ESDM program for young children with ASD.

Conflict of interest: No

Keywords: Autism; Early Start Denver Model; Outcome Predictors; Comprehensive Early Intervention

EPV0261

Dating violence in adolescents

D.S. Cohen^{1*}, A. Muñoz Domenjó², P. Muñoz-Calero³, S. Gadea Del Castillo¹, D. Herrero Escudero¹, E.M. Rybak Koite¹, N. Rodríguez Criado⁴ and I. Mesía Pérez⁴

¹Complejo Asistencial de Segovia, Servicio De Psiquiatría, Segovia, Spain; ²Hospital Universitario de Móstoles, Psiquiatría, Móstoles, Madrid, Spain; ³Hospital Universitario de Móstoles, Psychiatry, MADRID, Spain and ⁴Hospital Infantil Universitario Niño Jesús, Servicio De Psiquiatría Y Psicología Del Niño Y El Adolescente, Madrid, Spain

*Corresponding author.

Introduction: Dating Violence in Adolescence is defined as the psychological, physical or sexual aggression that occurs in sentimental relationships between adolescents aged 10-19. Dating violence is a matter of public health, as it has a prevalence of 5-10%.

Objectives: Through this presentation we will expose a case report and present the different resources available in our area.

Methods: We present the case of a 13-year-old girl involved in a relationship who suffers dating violence. She experiences a significant change of attitude with important disturbance in different areas (scholarship, family and friends), requiring hospitalization in psychiatry over suicidal ideation. We have carried a bibliographic review of dating violence in adolescence through Pubmed and MeshDatabase using the terms "Intimate Partner Violence" and "adolescent".

Results: Adolescence is a crucial period in which the brain suffers many structural and functional changes, especially in the prefrontal cortex. These changes involve the development of executive functions and play a very important role in impulsivity control and emotional regulation in adolescence. The short-term effects of dating violence include depression, anxiety, substance abuse and suicidal ideation, while the long-term effects are low self-esteem, lower academic performance, substance dependence and eating disorders.

Conclusions: Investing in mental health in adolescents will guarantee healthy adults in the future. Due to its high prevalence, it is mandatory to ask about dating violence when interviewing adolescents at risk. Some useful methods to manage these situations include school-based interventions and follow-up with mental health professionals.

Conflict of interest: No

Keywords: dating violence; Intimate partner violence; adolescent

EPV0264

Updating ASD and comorbid eating disorders: strategies for treatment and management.

E. Dominguez Ballesteros^{1*}, E. Santamaría Rubio¹ and M. Sanchez Vicente²

¹Clinica Lopez Ibor, Child Psychiatry, Madrid, Spain and ²Quirón Salud, Accident And Emergency Department, Madrid, Spain

*Corresponding author.

Introduction: Prevalence of comorbid eating disorders in ASD patients represent around 15% of ASD population. Symptoms of eating difficulties in ASD range from restrictive patterns of feeding

to binge or purging behaviours. It is also suggested that there could be an overlap in pathophysiological mechanisms between ASD and anorexia-bulimia nervosa given some similarities such as deficits in abstract thinking or impulse-control issues. However, there are not well-defined strategies to manage these comorbid disorders. Therefore, clinicians are not sufficient aware of the importance of an accurate diagnosis and specific therapeutic approaches for those patients

Objectives: Based on the need to formulate protocols, we aim to conduct a systematic review on the recent literature research on this topic.

Methods: Review authors set PubMed as data source and agreed on exclusion and inclusion criteria of the reviewed articles.

Results: Following a preliminary search on PubMed a total number of 133 peer reviewed articles were considered. Filters were applied for language, date of publication and text availability with a provisional result of 63 publications. We selected those articles focused on etiology, clinical outcomes or treatment of comorbid ASD and ED with a final result of 21 articles

Conclusions: Our systematic review suggest that despite the evidence of a link between ASD and eating disorders, there is a lack of research on the topic. As a result, mental health professionals tend to use systematic approaches to treat those patients. There could be shared mechanisms between ASD and eating disorders. However, further research is needed to better understand this relationship.

Conflict of interest: No

Keywords: ASD; eating disorders; comorbidity; Child Psychiatry

EPV0267

Improving mental health care service in children and adolescents with e-poster viewing: intellectual disability

I. Insa Pineda*, M. Chamorro Fernández, A. Huguet Miguel, C.L. Gómez González and E. Ventura Mallofré

Hospital Sant Joan de Déu of Barcelona, Child And Adolescent Psychiatry And Psychology Department, Esplugues de Llobregat, Barcelona, Spain

*Corresponding author.

Introduction: There is limited research data published on the emotional state of caregiver (parents and teachers) of children with ID and mental illness.

Objectives: The objective of our study was to assess the parents and teachers' distress in order to propose intervention strategies to reduce it

Methods: A descriptive, cross-sectional study was carried out. The study sample was composed of 39 children, their respective parents and the 23 teachers who assist these students/patients. The assessment included: 1. Parents' variables: Parental Stress Index-Short form scale (PSI-SF) and Beck Depression Inventory scale (BDI-II). 2. Teachers' variables: Malasch Burnout Inventory (MBI).

Results: 26.1% of students in this special education school had a comorbid mental disorder. 79.4% presented a diagnosis of ASD with or without comorbidity. The average total score of PSI in fathers was 81 ± 36.35 and 85.18 ± 23.07 in mothers. 26% of teachers showed medium-high levels of emotional exhaustion, 26% report depersonalization sensation and only 4.3% showed low personal achievement.

Conclusions: The parents' average BDI scores showed the presence of mild depression. Mothers have clinically significant parental stress levels. Some of the teachers showed important levels of

emotional exhaustion. Since September 2018, students of a special education school with psychiatric comorbidity are attended by the mental health professionals (Psychiatrists) in the educational center. Treating the patients within the school environment aims to increase patient information, ensure continuity of care and increases the perception of teacher support.

Conflict of interest: No

Keywords: special education school; Intellectual disability; Caregivers; Burnout

EPV0269

Effects of dance movement therapy on social engagement in young children with autism spectrum disorder

T.-C. Lee^{1*}, Y.-C. Su² and C.-H. Chiang²

¹National Chengchi University, Education, Taipei, Taiwan and

²National Chengchi University, Psychology, Taipei, Taiwan

*Corresponding author.

Introduction: Joint engagement (JE) is one of the core deficits in young children with autism spectrum disorder (ASD). In typical development of joint engagement, person-person game or dyadic interaction occurs first when caregiver interacts with baby before 6 months. Affect connection between infant and caregiver is developed mainly through body interaction and synchronization. Then, JE occurs when the toys are added to the games during caregiver-infant interaction after 6 months. However, the literature has few articles to address the issue in early intervention for young children with ASD.

Objectives: The purpose of this study was to explore if Dongshi movement intervention, a kind of dance movement therapy, can facilitate body synchronization and affect attunement in young children with ASD.

Methods: Three young children aged 2-4 years with middle-to-low functioning ASD were recruited. The study used a single case design with multiple baseline design across cases and multiple probe design, including baseline, intervention and follow-up phases. In intervention phase, Dongshi movement intervention consisted of 17-19 sessions with 40 minutes per session and twice a week. The primary outcome measures included the total time of engaging in interaction with person and coordinated joint engagement.

Results: showed that effects of joint engagement were observed in the three participants, however, two participants showed stable improving trends and generalization during the intervention and kept maintenance at follow-up sessions.

Conclusions: The findings revealed that Dongshi movement intervention, a kind of dance movement therapy can facilitate social engagement in young children with ASD. Limitations and further studies were discussed.

Conflict of interest: No

Keywords: dance movement therapy; Autism; joint engagement; affect attunement

EPV0270

Improving policy and practice in the interface between child and adolescence psychiatry and adult psychiatry services: a portuguese articulation project

A. Maia^{1,2,3*}, D. Couto³, J. Gago^{1,3}, G. Maia^{1,3} and L. Sardinha^{1,3}

¹Universidade Nova de Lisboa, Portugal, Nova Medical School | Faculdade De Ciências Médicas, Lisbon, Portugal; ²Champalimau Centre for the Unknown, Champalimau Clinical Centre, Lisbon, Portugal and ³Centro Hospitalar de Lisboa Ocidental, Psychiatry And Mental Health, Lisbon, Portugal

*Corresponding author.

Introduction: Mental illnesses frequently start in childhood, requiring not only an early intervention in Child and Adolescence Psychiatry (CAP), but also its maintenance in Adult Psychiatry (AP) Services. Given the importance of continuity of care and the co-occurrence of psychopathology in different members of the same family, a close articulation between CAP and AP Services is fundamental to ensure a good quality of care.

Objectives: To review the existing evidence supporting the need of a collaborative articulation between CAP and AP Services, and to describe a Portuguese Articulation Project between CAP and AP services at our Hospital Centre, in Lisbon.

Methods: Literature review and Project description.

Results: Transition into adulthood is a vulnerable period, increasing the risk of non-adhesion and disruption of care. However, less than one-third of young adults referred from CAP to AP Services perform an effective transition. Additionally, not only Children of Parents with a Mental Illness (COPMI) have an increased risk of developing mental illness in the future (RR 2.52; 95%CI 2.08-3.06), but parents of children evaluated in CAP Services also have an increased risk of psychiatric symptoms. We developed an Articulation Project between CAP and AP Services at our Hospital Centre, comprising articulation meetings for joint discussion/referring of cases, and formative meetings in areas of interest for both services.

Conclusions: A close interaction between CAP and AP Services is crucial to ensure a gradual and coherent transition between the two services, with the additional advantage of allowing joint discussion and referring of family members at risk of developing mental illness.

Conflict of interest: No

Keywords: Transition into adulthood; COPMI; Articulation project; quality of care

EPV0272

Sleep disturbances in unmedicated children recently diagnosed with attention-deficit/hyperactivity disorder assessed by actigraphy and parent-report questionnaires

C.F. Marta*, I.P. Imma, G.G. Cristina and A.D. Ja
Sant Joan de Deu Hospital, Child/youth Mental Health Centre,
Barcelona, Spain

*Corresponding author.

Introduction: Children with ADHD frequently have sleep disturbances. Results from subjective and objective sleep studies in ADHD have been inconsistent. The most often cited issues about the heterogeneity of result are the different methods of sleep measurement, the use of stimulant medication and the presence of psychiatric comorbidity.

Objectives: The objectives of this study were to assess sleep disturbances in unmedicated children recently diagnosed with attention-deficit/hyperactivity disorder (ADHD), compared with healthy peers, using actigraphy and parental questionnaires, and examine

the potentially moderating role of severity of symptoms, ADHD subtype and comorbidity.

Methods: 120 children of age group between 6-16 years (60 children diagnosed with ADHD and 60 controls), recruited from a hospital's Child Psychiatry Outpatient services. Sleep disturbances were assessed using actigraphy during 7 consecutive days. The parents of these children were interviewed using Sleep Disturbance Scale for Children (SDSC). The severity of ADHD and comorbidity were evaluated via the Conner's Parents Rating Scale and K-SADS-PL.

Results: The SDSC scale showed a significantly greater incidence of sleep disorders in children with ADHD as compared to controls. Children with ADHD had a higher score on Problems Initiating and Maintaining Sleep, Night Awakenings, Sleep-Disordered Breathing, Sleep-Awakening and Excess Daytime Sleepiness. Sleep disturbances were not finding by actigraphy. The presence of psychiatric comorbidity and combined ADHD subtype were associated with more severe sleep disturbances, but not severity of symptoms.

Conclusions: Sleep disturbances are more prevalent in children with combined ADHD subtype and psychiatric comorbidity; however, it is necessary objective assessment tools to verify these sleep disturbances.

Conflict of interest: No

Keywords: Newly diagnosed ADHD; comorbidity; Children; sleep disorders

EPV0273

Clinical phenotype of autism spectrum disorders in children of preschool and school age, burdened epileptic seizures.

I. Martsenkovsky* and T. Skrypnyk

Research Institute of Psychiatry of the Ministry of Health of Ukraine, Department of Mental Disorders Of Children And Adolescents, Kyiv, Ukraine

*Corresponding author.

Introduction: Clinical comorbidity ASD, tics disorders and epilepsy can be determined by different variants of genetic polymorphism, as an option different variants of gene expression, determined by different environmental influences.

Objectives: The purpose of the study was to study the features of the clinical phenotype of ASD in preschool and school-age children with tics, epileptic seizures and specific epileptic activity on EEG.

Methods: 116 children aged 2-10 years with ASD were examined. For diagnostics, ADI-R, ADOS techniques and DSM-V diagnostic criteria were used. DAWBA was used to screen for comorbid disorders. The study group was divided into three subgroups: subgroup A - 23 children with a history of epileptic seizures, subgroup B - 35 children with specific forms of epileptic activity on EEG without epileptic seizures, subgroup C - 19 children with ASD having specific epileptic activity for EEG repetitive involuntary movements (motor and vocal tics). The control group consisted of 39 children with ASD none a history of seizures and specific epileptic activity on the EEG. The follow-up of children with ASD in the comparison groups was performed for 3-5 years.

Results: Clinical phenotypes of ASD with epileptic seizures or specific epileptic activity on the EEG are characterized by differing clinical symptoms and their change during follow-up. Motor and

vocal tics were present in subgroup C ($P < 0,001$); no differences were found in subgroups A and B.

Conclusions: Further research is needed on the clinical phenotypes of ASD polymorbid disorders.

Conflict of interest: No

Keywords: autism; epileptic seizures; motor and vocal tics

EPV0274

Efficacy and safety of levetiracetam and risperidone for aggression irritability, and hyperactivity in adolescent with autism spectrum disorder

I. Martsenkovsky*, G. Makarenko and I. Martsenkovska

Research Institute of Psychiatry of the Ministry of Health of Ukraine, Department of Mental Disorders Of Children And Adolescents, Kyiv, Ukraine

*Corresponding author.

Introduction: Efficacy and safety of Levetiracetam and Risperidone for aggression irritability, and hyperactivity in adolescent with autism spectrum disorder (ASD) are controversial

Objectives: The study of Levetiracetam and Risperidone efficacy and safety for aggression and mood instability in ASD adolescents.

Methods: 66 adolescents with ASD (MD = 14,6) were randomized into three groups : Lvetiracetam + Risperidone (A), Placebo + Risperidone(B) and Placebo +Levetiracetam (C) for an 8-week, placebo-controlled study with the use of flexible doses of Risperidone (1.0-3.0 mg; MD = 2,3) and LCT(1000.0 – 2000.0 mg; MD = 1580 mg). Patients were assessed at baseline and after 2, 4, 6 and 8 weeks of therapy. We used : DAYS, MASC, LSAS-CA, YBOCS, ADHD-IV, SCQ, ASDS, RAASI, SSRS, GAF. Groups were considered the independent variable, and five measurements during treatment were considered as the dependent variable for the multiple regression analysis.

Results: Compared with the group B, patients of group C demonstrated improved symptoms of hyperactivity, impulsivity and mood instability. No treatment difference was observed between A and B groups for the SCQ, ASDS, RAASI and SSRS. Changes in group A were greater than in C and B. The GAF score in the patients improved significantly from 39.00 ± 7.36 before therapy to 58.00 ± 9.12 after risperidone ($F = 30.16$, $df = 1$, $p < 0.001$) and to 64.00 ± 8.21 after Levetiracetam + Risperidone ($F = 33.89$, $df = 1$, $p < 0.001$).

Conclusions: Risperidone is useful in treating behavioral problems; adding Levetiracetam to Risperidone was more effective for irritability and stereotyped behavior.

Conflict of interest: No

Keywords: Efficacy; safety; levetiracetam; risperidone

EPV0275

Quality improvement project in ADHD treatment pathway under merton child and adolescent mental health service (CAMHS)

P. Nagasinghe

SOUTHWEST LONDON & ST GEORGE'S MENTAL HEALTH NHS TRUST, Neurodevelopment Services, TOOTING, United Kingdom

Introduction: Diagnosis of ADHD for children residing in the Borough of Merton is currently being carried out by CAMHS

Neurodevelopment Service located at Springfield Hospital. Due to centralised nature of assessments young people tends to stay in a waiting list for nearly 6-8 months. Following diagnosis they get redirected to Merton CAMHS as a new referral to consider initiation of medication. This two-stage process adds a considerable delay into starting medication.

Objectives: Reduce the waiting time for young people waiting on medication treatment pathway under Merton CAMHS.

Methods: We are hoping to collect following data on patients who were on waiting list in September and October 2019; number of patients, age range, duration of being on waiting list, total number of medication initiation appointments offered, average duration of these appointments We will be handing over an information pack on ADHD medication from November to December 2019 to get patient feedback on what needs to be included in such a pack. Finalised information packs will be sent to young people prior to each medication initiation appointment from January to February 2020 while reducing the appointment time to 45 minutes.

Results: We have collected the data and currently distributing the information packs to young patients and families.

Conclusions: Our hypothesis could be that the introduction of information pack on medication would help to bring down appointment time by half. This would help us to bring the waiting time by half for the current cohort.

Conflict of interest: No

Keywords: ADHD Medication; Treatment pathway

EPV0276

Functional NIRS evaluation of prefrontal cortex activity during emotional processing in children with ADHD

M. Maddalena¹, S. Grazioli², A. Crippa², A. Bacchetta², E. Maggioni³, P. Brambilla⁴, V. Diwadkar⁵, E. Gatti², S. Bertella², M. Molteni^{2*} and M. Nobile^{2*}

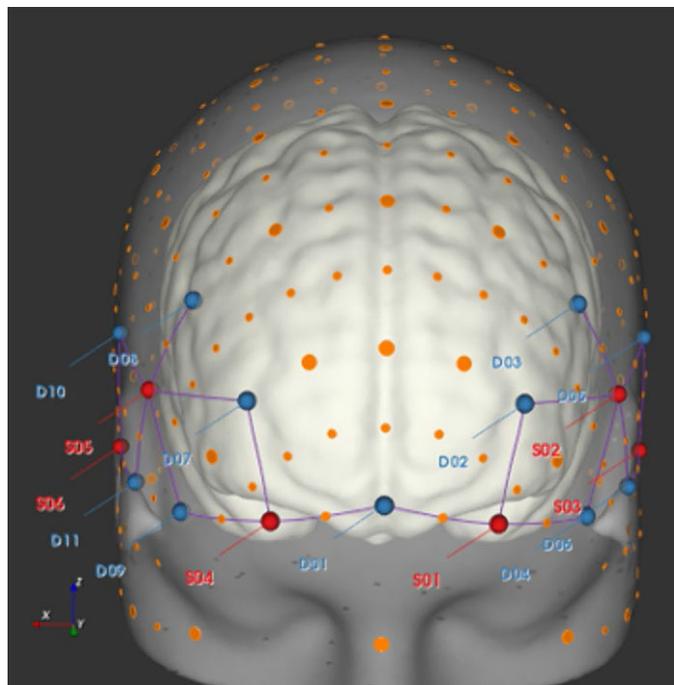
¹University of Milano-Bicocca, Phd Program In Neuroscience, School of Medicine and Surgery, Milan, Italy; ²Scientific Institute 'Medea', Child Psychopathology Unit, Bosisio Parini, Italy; ³Foundation IRCCS Ca' Granda Ospedale Maggiore Policlinico, Department of Neurosciences And Mental Health, Milan, Italy; ⁴University of Milan, Department of Pathophysiology And Transplantation, Milan, Italy and ⁵Wayne State University School of Medicine, Departments Of Psychiatry Andbehavioral Neurosciences,, DETROIT, United States of America

*Corresponding author.

Introduction: Attention deficit hyperactivity disorder (ADHD) is characterized by a lack in self-regulation of behaviour, cognition and emotional response. Children with ADHD often experience emotional dysregulation (ED) defined as the inability to regulate emotions and to organize behaviours in response to emotional stimuli.

Objectives: The present exploratory study aimed to evaluate possible peculiar sensitivity to emotional stimuli in children with ADHD and ED, revealed by behavioural performances and cortical hemodynamic characteristics measured with functional Near Infrared Spectroscopy (fNIRS). The relationship between haemodynamic activation during task and ADHD and ED symptoms was also investigated.

Methods: Eighteen children with ADHD and ED, all drug naïve, and 25 typically developing (TD) peers, aged 6-16 years, underwent fNIRS while performing a visual emotional continuous performance task in which faces with relevant positive, negative and



neutral content were presented. ADHD and ED symptoms were evaluated with Conners' parents rating scales (CPRS). Selected fNIRS sources and detectors see figure 1

Results: Between groups comparisons revealed worse performances of ADHD children, with a statistically significant difference for positive blocks and total errors. fNIRS analysis showed higher activation in TD group, as measured by higher oxygenated-haemoglobin concentration changes, localized in right prefrontal cortex, regardless from the valence of the emotional stimuli. Correlations conducted between fNIRS activation and CPRS revealed several associations between hemodynamic changes in right prefrontal regions and inattention and hyperactivity, but not ED symptoms.

Conclusions: Lack of self-regulation and ED impact on ADHD children ability to process emotional stimuli, as revealed by worse performances and haemodynamic peculiarities in right prefrontal cortex.

Conflict of interest: No

Keywords: emotional regulation; ADHD; Prefrontal Cortex; fNIRS

EPV0277

Features of the interrelations of existential characteristics and depressive symptoms of adolescents with autoaggressive behavior

A. Grigorieva¹, B. Osipova^{2*}, D. Nedelko², L. Usova³ and A. Gavrichenkova³

¹National Medical Research Center of Psychiatry and Addiction, Ministry of Health Care, Russia, Department of Organization Of The Prevention Aid In Addiction, Moscow, Russian Federation; ²Moscow state University of Psychology and Education, Legal And Forensic Psychology, Moscow, Russian Federation and ³National Medical Research Center of Psychiatry and Addiction, Department of Organization Of The Prevention Aid In Addiction, Moscow, Russian Federation

*Corresponding author.

Introduction: Autoaggressive behavior is one of the most important social and medical problems. Adolescents suffering from autoaggressive behavior are at increased risk of suicide (Olfson, Wall, Wang, Crystal, Bridge, Blanco, 2018). Currently, suicide is the second leading cause of mortality among adolescent. (World Health Organization, 2014). Depression is the most frequently diagnosed mental disorder among adolescents with self-injurious behavior (Tilton-Weaver, Marshall, Svensson, 2019).

Objectives: Depression is accompanied by a decline in the quality of life, and therefore it is necessary to study the relationship of existential experiences and depressive symptoms in adolescents with autoaggression

Methods: «The Children's Depression Inventory» (CDI) (M. Kovacs, 1997); «Test existential motivations» (TEM) (A. Lange, P. Eckhard, 2000); Spearman's rank correlation coefficient. The study include 75 adolescents with autoaggressive behavior.

Results: Average total depth indicator symptoms of depression in adolescents with autoaggressive behavior indicates an excess of the critical level in the severity of depressive symptoms. The largest number of significant correlations were found between depressive symptoms and the components of the first "confrontation with the world" ($r = -0.659$, $p < 0.001$), the third "authenticity" ($r = -0.529$, $p < 0.01$) and the fourth "confrontation with meaning" ($r = -0.509$, $p < 0.01$) of existential fundamental motivations

Conclusions: In adolescents with autoaggressive behavior, there is a significant relation between the symptoms of depression (negative mood, interpersonal problems, anhedonia, negative self-esteem, the total level of depression) and the experience of existential fulfillment, characterized as an experience of quality of life.

Conflict of interest: No

Keywords: Self-harm; adolescence; Dépression; autoaggressive

EPV0278

Support program for the carieer of attention deficit hyperactivity disorder: a university extension project

C.J. Paiva Wagner*, A.C. Kurmann, V. Viapiana, M. Santos De Morais, C. Rebecchi and D. Glimm

Universidade de Passo Fundo, Faculdade De Medicina, Passo Fundo, Brazil

*Corresponding author.

Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is the main neurobehavioral disorder affecting children and adolescents between six and seventeen years of age; It is a neurodevelopmental disorder of chronic and hereditary characteristics, with behavioral patterns of inattention, impulsivity, and hyperactivity^{1,4}. ADHD affects 5% of school-age children and 2.5% of adults.² In addition, 60-80% of patients remain with symptoms in adulthood.¹ Among the etiologies involved in ADHD, the main one is heritability, which may reach 75%^{2,3}. Regarding the prognosis, there is a relationship between ADHD and substance abuse and other psychiatric disorders, academic and professional failure, difficulty in interpersonal relationships³. It is recommended that the treatment be multimodal, involving drug therapy, psychological and psychoeducation⁵. The drugs of choice are methylphenidate and dexamphetamine⁴.

Objectives: To present a multidisciplinary university extension project that works in the diagnosis and treatment of children with ADHD.

Methods: The project operates in a multidisciplinary way, involving the medical, psychological and psycho-pedagogical areas. Patients undergo initial medical evaluation, followed by neuropsychological evaluation to confirm or exclude the diagnosis. When associated with learning disorders, psychopedagogic intervention is performed.

Results: In 2019, the project provided over 130 consultations, covering more than 60 patients.

Conclusions: The project performance is justified, being ADHD a prevalent disease in the population and with developmental damage; thus, it is of utmost importance to correctly diagnose and treat patients with a specialized and multidisciplinary team.

Conflict of interest: No

Keywords: child and adolescent psychiatry; Attention Deficit Hyperactivity Disorder; University extension project

EPV0280

Nutrition in neurodevelopmental disorders: to supplement or not to supplement, that is the question!

F. Sa-Carneiro^{1*}, R. Coelho¹, C. Calhau² and M. Figueiredo-Braga³

¹Centro Hospitalar Universitário de São João, Psychiatry, Porto, Portugal; ²Faculty of Medicine University of Porto, Center for Health Technology And Services Research (cintesis), Porto, Portugal and

³Faculty of Medicine University of Porto, Department of Neurosciences And Mental Health, Porto, Portugal

*Corresponding author.

Introduction: Neurodevelopmental disorders such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) are lifelong conditions which have undergone huge diagnostic and therapeutic evolutions in the past decades. Although there seems to be consensus regarding therapeutic interventions in ADHD targeting dopaminergic and noradrenergic deficits in this disorder, the aetiology of the disorder seems far more complex, and in the case of ASD specific therapeutic target are still elusive to date. Concerns about adverse effects and interactions of multiple pharmacotherapy have boosted research on treatment strategies as nutritional supplements, but their advantages remain controversial.

Objectives: The present study aimed to investigate nutritional status in Portuguese children diagnosed with ASD and ADHD (n=91).

Methods: Clinical evaluation included the Autism Diagnostic Observation Schedule (ADOS-2) and Autism Diagnostic Interview-Revised (ADI-R) and formal cognitive evaluation scales was performed in all the children, and patients on special diets, with metabolic disorders or with known vitamin deficiencies were excluded.

Results: An association between subclinical nutritional deficits and both Autism Spectrum Disorders and Attention Deficit Hyperactivity Disorder was detected.

Conclusions: With the present work, the authors aim to enlighten the role for PUFA's, iodine, zinc, selenium, iron and magnesium in neurodevelopment as distinct factors in the clinical presentation of both disorders. The relationship between nutritional status and ROS in the pathophysiology of ASD and ADHD is explored.

Conflict of interest: No

Keywords: Autism Spectrum Disorder; Attention Deficit Hyperactivity Disorder; nutritional deficits; supplementation

Classification of mental disorders

EPV0283

Perspectives of latin version of ICD-11. Tradition and modern trends in the newest diagnostic categories of mental disorders

W. Kosmowski^{1*} and K. Jóskowska²

¹Nicolaus Copernicus University, Department of Psychiatry, Bydgoszcz, Poland and ²Nicolaus Copernicus University, Collegium Medicum, Department of Applied Linguistics, Bydgoszcz, Poland

*Corresponding author.

Introduction: Implementation of ICD-11 in different countries needs reflection on medical nomenclature. For many ages Latin and Greek were the main languages to express medical diagnose. In recent years they have been replaced with modern languages. Medical terms in different languages have in most cases Greek and Latin roots, therefore knowledge of Latin names of diseases enables international communication. The official dictionary of ICD-10 with Polish and Latin terms was released in 1997. Even in the newest medical textbooks e.g. 'Internal Disorders' by A. Szczeklik (red.) medical diagnoses are presented in Polish, Latin and English. The use of only living languages can cause misunderstanding. This is due to the different connotations of many words and terms used in medicine. Especially semantics is a key to understand the meaning of different terms and how to use them in best possible way.

Objectives: The aim of this study is a presentation of Latin-English dictionary of ICD-11 and the rules of translation and understanding medical terminology in different languages.

Methods: In translation process medical textbooks as well as medical (e.g. Index Medicorum) and glossary (e.g. Lexicon Recentis Latinitatis) dictionaries were used to ensure that proposition is correct from both medical and semantic point of view.

Results: The results are contained in tables consistent with a different group of mental disorders e.g. mood disorders. Additionally special list of Greek prefixes and suffixes applicable in translation of ICD-11 categories were prepared.

Conclusions: Translation process requires knowledge of psychopathology as well as semantics to prepare short, informative and easy to use expressions.

Conflict of interest: No

Keywords: Latin; ICD-11; classification

EPV0286

Misophonia: considering a new mental disorder.

B. Ezquerra*, M. Esteban, A. Carpintero, C. Lopez, M. Sanchez and R. Del Hoyo Mitjans

Hospital Universitario Guadalajara, Psychiatry, Guadalajara, Spain

*Corresponding author.

Introduction: Misophonia is a term firstly defined in the year 2000 by the ENT specialist Jastreboff as an abnormal emotional reaction to specific sounds, generally produced by human beings, such as chewing gum or coughing. It has also been described associated to movements as hair twirling or leg swinging. Different authors have considered misophonia as a mental disorder which should be classified by DSM-V or ICD-10.

Objectives: Our aim is to discuss if misophonia should be considered and classified as a mental disorder, as well as to describe frequent comorbid psychiatric illnesses.

Methods: A case of a 28 year old man whose first contact with psychiatry occurs in the emergency room because of anxiety produced by referred misophonias is presented. A first psychotic episode is suspected during this first contact in the ER. He is transferred to a specialized unit where he initiates a psychopharmacological intervention. In addition, a bibliographical search is conducted in order to deepen in this disorder.

Results: Misophonia has been described by numerous authors in relation to mental disorders such as OCPD, eating disorders and Tourette syndrome, among others. No audiological cause has been found.

Conclusions: Misophonia meets many criteria for a mental disorder, however, further investigation is needed as cases described are relatively low. Comorbidity with other mental disorders is, nonetheless, remarkable, further reason for additional study.

Conflict of interest: No

Keywords: Misophonia

EPV0288

Diagnostic conversion of schizoaffective disorder: a retrospective study

T. Ferreira*, S. Dehanov, I. Figueiredo, M. Dias, N. Borja Santos and T. Maia

Hospital Prof. Doutor Fernando Fonseca, Psychiatry Department, Amadora, Portugal

*Corresponding author.

Introduction: Schizoaffective disorder (SZA) is considered one of the most unstable nosological categories in Psychiatry and is often characterized by having “low reliability and questionable validity”. A recent meta-analysis (Santelmann H et al., 2016) reported diagnostic conversion in 36% of the patients initially diagnosed with SZA when reassessed.

Objectives: Analyze the diagnostic conversion of a sample of patients diagnosed with SZA.

Methods: Retrospective study with a sample of patients with a registered diagnosis of SZA and follow-up in Psychiatry from January 2013 to June 2017. Data were retrieved from their clinical files in order to calculate the percentage of diagnostic conversion at 12 and 24 months and at the time of data collection (November 2019).

Results: We obtained a sample consisting of 67 patients (females 43.3%; age $M \pm SD$ 45.3 ± 11.63 years). There was diagnostic conversion at the 12-month point in 8 (11.9%) and at 24-month in 13 (19.4%) patients. At the moment of data collection, there was diagnostic conversion in 20 patients (29.9%) (bipolar disorder $n=9$, 13.4%; schizophrenia $n=7$, 10.4%; non-specified psychosis $n=3$, 4.5%; recurrent depressive disorder $n=1$, 1.5%).

Conclusions: We found a percentage of diagnostic conversion ranging from 12 to 30%, increasing with follow-up time, with conversion to bipolar disorder predominating, followed by schizophrenia. To eliminate certain bias (e.g. sample size, sample from a single department), the authors consider that expanding to a multicenter study may be appropriate.

Conflict of interest: No

Keywords: Schizoaffective disorder; psychosis; Mood disorders; Diagnostic Conversion

Comorbidity / dual pathologies

EPV0290

Relationship between cannabis use and affective disorders: a review of the evidence.

E. Arribas Pinero* and L. León-Quismondo

RAMON Y CAJAL UNIVERSITY HOSPITAL, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: In recent decades, cannabis use has grown steadily, despite the risks to mental health. Many researches have been conducted to determine the risk that this consumption has for the development of different mental disorders, especially in the area of psychosis. On the other hand, research has been much more limited in the domain of affective disorders.

Objectives: To study the use of cannabis as a possible risk factor for the development of affective disorders.

Methods: A review of the available literature on the possible association between cannabis use and affective disorders was conducted.

Results: Different results can be found in the available literature. On the one hand, there are studies that conclude that the association between cannabis use and depressive symptomatology, although significant, is poor. On the other hand, several longitudinal studies, after controlling several contaminant variables, do not find significant relationships. Finally, there are studies that find a significant association between cannabis use and the emergence of depressive symptoms, as well as an increase in the probability of experiencing suicidal ideation and attempts among users. Some studies have also suggested that cannabis may be associated with an earlier age of onset for bipolar disorder, increased suicide attempts, and a more severe course of the disease in initial stages.

Conclusions: Compared to research in psychosis, in the field of affective disorders the number of investigations is lower and with less conclusive results that should be interpreted with caution. More research is required in this area.

Conflict of interest: No

Keywords: cannabis; Depressive disorder; risk factor; affective disorders

EPV0291

Cannabis use as a risk factor for psychosis: a review.

E. Arribas Pinero* and L. León-Quismondo

RAMON Y CAJAL UNIVERSITY HOSPITAL, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: Many studies have identified cannabis use as an additional risk factor for the development of psychotic spectrum disorders.

Objectives: To study the available evidence about cannabis as a risk factor for the development of psychosis.

Methods: A review of the available literature on the relationship between cannabis use and the risk of psychotic disorders was performed.

Results: Cannabis use increases the risk of psychosis, showing a dose-response effect. Although a causal relationship between these two variables has not been established and the mechanisms of this association are not yet clear, the results suggest that this association is especially present in a population with a previous vulnerability to suffering psychotic spectrum disorders, accelerating its development and significantly altering the onset, course, phenomenology, results and relapse in schizophrenia. Another direct effect of cannabis use is the presentation of transient psychotic reactions derived from intoxication, something that some authors consider as an early expression of schizophrenia in vulnerable individuals, being able to evolve later towards the development of the disease.

Conclusions: There is numerous evidences about cannabis use as a risk factor for the development of psychosis. This risk is especially present in the young population and with a previous vulnerability. Preventive measures are necessary in high-risk groups, mainly consumers of large quantities and those who initiate consumption in adolescence.

Conflict of interest: No

Keywords: schizophrenia; cannabis; risk factor; psychosis

EPV0292

Psychosomatic aspects of gastric ulcer disease and hypothyroidism combination

M. Artemieva*, V. Kuznetsov, E. Basova, I. Manyakin and I. Danilin
Peoples' Friendship University of Russia (RUDN University),
Department of Psychiatry And Medical Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: The relevance of the study was determined by the high incidence of mental disorders and decrease of the quality of life (QL) in patients with combination of gastrointestinal tract (GIT) diseases and hypothyroidism (the frequency of this combination of diseases-about 30%).

Objectives: The aim was to evaluate the quality of life of patients with combined pathology.

Methods: Questionnaire SF 36 and Hamilton's scale of Depression and anxiety were used.

Results: Patients are divided in two groups: the first group – patients with ulcer disease (20 persons); the second group – patients with ulcer disease and hypothyroidism (20 persons). The quality of life of patients from the second group is low. The physical component of health is 51,36% in the first group and 40,8 in the second group ($p \leq 0,05$). Such indications are associated with the symptoms of hypothyroidism: metabolic disorders of protein, lipids, decelerate of carbohydrates utilization, weight gain, tendency to bradycardia, pain caused by biliary dyskinesia. The mental component in the first group is 41.22%, in the second – 30.75% ($p \leq 0.05$). The score on the Hamilton Anxiety Rating Scale (HAM-A) is also high for both groups. High score indicates the course of the pathological process affects the personality of the patient and his emotional experiences. The mental component of QOL is various for somatic patients.

Conclusions: Patients with combined pathology of peptic ulcer and thyroid dysfunction should be examined by psychotherapist as well because of pronounced somatogenic mental disorders. The publication was prepared with the support of the “RUDN University Program 5-100”

Conflict of interest: No

Keywords: Gastric Ulcer Disease; psychosomatics

EPV0293

The quality of life of patients with gastroesophageal reflux disease

M. Artemieva*, V. Kuznetsov, I. Manyakin, E. Basova and A. Lazukova

Peoples' Friendship University of Russia (RUDN University),
Department of Psychiatry And Medical Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: Comorbidity of patients with GERD and thyroid diseases degrades the course of the disease, increases the cost of diagnosis and treatment.

Objectives: The aim was to evaluate the quality of life in patients with comorbidity with GERD and thyroid diseases.

Methods: Questionnaire SF 36 and Hamilton's scale of Depression and anxiety were used.

Results: Patients are divided in two groups: the first group – patients with GERD (15 persons); the second group – patients with GERD and hypothyroidism (15 persons). The quality of life of patients from the second group is low for such indications as “physical and mental components of health”, “social functioning”. The intensity of pain in two groups significantly limits daily activities of patients. The physical component of health in patients with GERD is 48.82%, and in patients with comorbidity – 39.21% ($p \leq 0.05$). A significant difference in the mental health component is observed: in the first group – 39.7%, and in the second group – 30.18% ($p \leq 0.05$).

Conclusions: Patients with GERD suffer not only symptoms associated with erosive-ulcerative, catarrhal and/or functional disorders of the distal esophagus, but also neurotic disorders. Depression, memory impairment, attention disorders are more common. Thyroid dysfunction manifests with psychoendocrine syndrome (depressive and anxiety-phobic disorders), therefore the mental health component of the quality of life of patients with GERD and hypothyroidism decreases. The publication was prepared with the support of the “RUDN University Program 5-100”

Conflict of interest: No

Keywords: eating disorders; GERD

EPV0294

Multiple sclerosis and the impact of the association of psychiatric pathology

C. Darie^{1*}, M. Mutica², I. Peterson³ and A. Ciubara⁴

¹Resident Psychiatrist at Psychiatric Hospital "Elisabeta Doamna", Psychiatry, GALATI, Romania; ²PhD "Dunarea de Jos" University of Galați, Psychiatry, Galati, Romania; ³PhD Student, Psychiatric Clinic Ryhov, Psychiatry, Ryhov, Sweden and ⁴Professor at "Dunarea de Jos"

University, Senior Psychiatrist at "Elena Doamna" Psychiatric Hospital, Psychiatry, Galati, Romania

*Corresponding author.

Introduction: Multiple sclerosis (MS) is a chronic progressive disorder of the Central Nervous System, which can cause a change in the patient's psyche. Sadly, psychiatric comorbidities can affect up to 95% of MS patients during their lifetime.

Objectives: Following the evolution of a patient diagnosed with multiple sclerosis, during the period 2012-2019, under antidepressant and anxiolytic treatment.

Methods: Patient presenting with multiple hospitalizations during the period 2012-2019 at the 'Elisabeta Doamna' Psychiatric Hospital, Galati, Romania. We used the Psychiatry Hospital Database 'Elisabeta Doamna' from Galati, Romania, where patient information were accessed and admitted to the Psychiatry Clinic Section II, searching for different bibliographical references, diagnostic criteria ICD-10 (Mental and Behavioral Disease Classification), diagnostic criteria DSM-5 (Diagnostic and Statistical Disorders), and the psychometric tests such as HAM-D (Hamilton Depression Rating Scale) and HAM-A (Hamilton Anxiety Rating Scale).

Results: The patient's evolution during 2012-2019 fluctuated, with the predominance of an anxiety pathology associated with depressive pathology (F41.0 in 2012, F32.0 in 2013, F41.2 in 2016, F41.3 in 2019). Even under drug treatment with anxiolytic antidepressants, the patient's condition shows a gradual deterioration with the acceleration of the anxiety symptoms, in the last year.

Conclusions: Multiple sclerosis has a major impact on the patient's psyche, as the symptoms of the disease increase. Given the high incidence of psychiatric symptoms in patients with MS and taking into account previous reports of "psychiatric relapses," it may be wise to consider MS as a differential diagnosis of patients presenting to psychiatric clinics.

Conflict of interest: No

Keywords: multiple sclerosis; Psychiatry; Dépression; Anxiety

EPV0295

Impact of psoriasis, depression and alcohol related disorder on quality of life

C. Darie^{1*}, G. Stoleriu², M. Terpan³, R.-C. Oltenacu³ and A. Ciubara⁴

¹Resident Psychiatrist at Psychiatric Hospital "Elisabeta Doamna", Psychiatry, GALATI, Romania; ²PhD, Assos. Professor "Dunarea de Jos" University, Psychiatry, Galati, Romania; ³PhD Student "Dunarea de Jos" University, Psychiatry, Galati, Romania and ⁴Professor at "Dunarea de Jos" University, Senior Psychiatrist at "Elena Doamna" Psychiatric Hospital, Psychiatry, Galati, Romania

*Corresponding author.

Introduction: In our society, where high standards of perfection are sets, the one with psoriasis is commonly considered as an outsider, a marginalized person unable to be in line with standards. If a pathology related to alcohol consumption is associated with psoriasis, the marginalization of the person increases.

Objectives: We present a case of a 43-year-old patient diagnosed with psoriasis, alcohol disorder and depression, to examine the impact of psoriasis and depression on the patient's quality of life.

Methods: The 43-year-old patient is a policeman and has been diagnosed with severe psoriasis, alcohol disorders and depression. At the first multidisciplinary evaluation, the patient had: PASI:

18, HAM-D: 19 and DLQI: 27. The psychiatric evaluation uses the ICD-10 criteria (Classification of mental and behavioral disorders), for depression and alcohol-related disorders.

We find out that the patient was discriminated at workplace, because of skin diseases, then gradually lost family and friends, and at one point, started thinking about the idea of suicide. The patient begins to compensate for the depressive illness by consuming alcohol.

The dermatologist decided to initiate biological therapy for psoriasis.

Results: After 3 months of biological therapy for psoriasis, at multidisciplinary evaluation, patient had: PASI: 0 HAM-D: 3 and DLQI: 0, with normal lifestyle.

Conclusions: In this case, quality of life was significantly influenced by psoriasis, alcohol disorder and depression. Social exclusion, discrimination and stigma was psychologically devastating for the patient. Skin disease remission helped him to reintegrate at work and to restore relationships with friends and family, starting a normal life.

Conflict of interest: No

Keywords: Psychiatry; dermatology; Dépression; psoriasis

EPV0296

Eating disorders and disorders due to substance use comorbidity etiopathogenesis.

J.J. De Frutos Guijarro^{1*}, R. Martín Aragón², N. Chinchurreta³, M. E. Saez Roche¹, P. Calleja Alonso⁴, D. Garcia-Consuegra Colado⁴ and C. Moreno Menguiano¹

¹Centro de Salud Doctor Luengo Rodriguez, Servicio De Psiquiatría, Mostoles, Spain; ²Complejo Hospitalario Mancha Centro., Unidad De Salud Mental Infante-juvenil., Alcázar de San Juan., Spain;

³HOSPITAL PUERTA DE HIERRO, Psychiatry, MADRID, Spain and

⁴Centro de Salud Coronel de Palma, Unidad De Trastornos De Conducta Alimentaria, Mostoles, Spain

*Corresponding author.

Introduction: With the emergence and dissemination of the categorical approach to psychiatric diagnosis, the concept of comorbidity has become very controversial on certain areas. Patients with eating disorders (ED) frequently associate disorders due to substance use (SUD). Clinical and prognosis implications make important to clarify the etiopathogenesis of this association.

Objectives: To study the etiopathological relation linking ED and SUD.

Methods: We conducted a bibliographical research of the available literature on clinical models of association of ED and SUD.

Results: There are several clinical models of comorbidity that attempt to clarify the relationships between ED and SUD. The addictive model hypothesizes that ED is a specific form of addiction. Another model defies that SUD is a risk factor for the development of ED. Some argue, the other way around, that ED is a risk factor for the development of SUD. At the intermediate point is placed the model that explains the existence of common etiopathogenic mechanisms for SUD and ED. The more complex model understands that both pathologies would influence and modify each other from a pathoplastic point of view, modulating its morphology and development.

Conclusions: ED and SUD are complex clinical phenomena, so complex models are needed to approach them. There are clinical data supporting each one of these models, and it is therefore unlikely

that only one of them can explain the complex interaction between ED and SUD. It is important to transmit to clinicians and patients the complexity of the etiopathogenesis of these diagnoses, in order to achieve a correct conceptualization.

Conflict of interest: No

Keywords: eating disorders; substance use; comorbidity; etiopathogenesis

EPV0297

Myristica fragrans abuse and mania, a case report

N. Fernandez Gomez^{1*}, M.F. Bravo-Ortiz², B. Bardón Rivera², J. Marín Lozano² and E.M. Román Mazuecos²

¹Hospital Universitario La Paz, Psiquiatría Y Salud Mental, Madrid, Spain and ²La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Myristica fragrans seed, commonly known as nutmeg, is a kitchen spice which has been used for centuries worldwide. In folkloric medicine, it has been used as a remedy for gastrointestinal disorders mainly. Nutmeg effects on Central Nervous System (CNS) have also been studied, but reports about its impact on anxiety, depression, and hallucinatory experiences are contradictory.

Objectives: Our aim is to describe the clinical case of a 25 years old male who suffered a manic episode, after have been doing an abusive use of nutmeg.

Methods: We describe and analyse the clinical case of a 25 years old male who suffered a manic episode after nutmeg abuse. We also conduct a literature review about nutmeg effects on CNS.

Results: The patient was admitted to psychiatric unit. He was conscious, and globally oriented. Inattentive. Desinhibited. Expansive mood. Speech showed tachylalia and derailment. Structured mystical and megalomaniac delusions with auditory hallucinations were present. He suffered mixed insomnia. Psychopharmacological treatment with 20 mg oral aripiprazole was administered with partial remission of the manic episode. Two weeks before manic episode, he had been using a high amount of nutmeg as stimulant agent.

Conclusions: Nutmeg has not well defined effects on CNS. Its psychoactive and hallucinogenic properties have been described but the hypothesis of psychoactivity is due to amphetamine-like metabolites has not been experimentally supported. Anxiogenic activity has been reported, as well as an antidepressant effect because of nutmeg's involvement on adrenergic, serotonergic and dopaminergic systems. We sustain the clinical hypothesis that manic episode was associated to nutmeg abuse, but further investigation about nutmeg's psychotropism is needed.

Conflict of interest: No

Keywords: mania; myristicafragrans; substanceabuse; stimulant

EPV0300

The importance of screening for bipolar disorder in patients treated for substance use disorders

S. Jonovska* and V. Sendula Jengic

Psychiatric Hospital Rab, Department of Addictions, Rab, Croatia

*Corresponding author.

Introduction: Affective disorders are common in people with substance use disorders. If not recognized and appropriately treated, co-morbid affective disorders can hinder therapeutic plans, harming clinical outcomes of patients' substance use disorders. Bipolar depression is frequently underdiagnosed or misdiagnosed as unipolar depression. Its pharmacologic mismanagement can lead to worsening of affective symptoms leading to relapse early in recovery.

Objectives: We are going to present our experiences by analyzing around 100 patients treated for addictions during a 5-month period, who were also screened for BD. An additional case report will be presented, involving a patient with co-morbid bipolar disorder, substance use disorder and antisocial personality disorder.

Methods: We will be addressing the importance of current screening tools for bipolar disorder (BD), such as Hypomania Checklist 32 (HCL-32) and Young Mania Rating Scale (YMRS), with focus on their importance in addiction medicine.

Results: Preliminary results show a great percentage of bipolar affective disorder in screened population of patients treated of different addictions, either diagnosed before or not.

Conclusions: In our opinion, screening for BD should be routinely performed in patients with substance use disorder, in order to improve the clinical outcome of patients.

Conflict of interest: No

Keywords: Screening; Addiction; treatment; Bipolar disorder

EPV0302

Dysfunctional breathing as interdisciplinary phenomenon

J. Koniukhovskaia* and E. Pervichko

Lomonosov Moscow State University, Faculty of Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: The dysfunctional breathing (DB) are pathological and stable breathing patterns, in which the pulmonary ventilation is inadequate to the functional needs of the body. As a result, breathing pattern disorder provokes respiratory, cardiovascular, gastrointestinal, muscular, neurologic and psychological dysfunctions. DB may aggravate the underlying cause of the disease, mimics a serious illness or creates medically unexplained symptoms because of the psychological factor.

Objectives: To exam of etiological reasons, classification, comorbidity of dysfunctional breathing in different study fields (psychiatry, pulmonology, psychology).

Methods: There were conducted literature reviews searching the terms "dysfunctional breathing" in PubMed and Web of Science at study fields of psychiatry, pulmonology, and psychology. The research strategy was limited to articles written in English and included only adult human samples.

Results: The etiologic reasons for BD may be pathological, biomechanical, biochemical, environmental, habitual, psychological, or their combination. DB includes the next types: hyperventilation syndrome, unregular breathing, thoracoabdominal asynchrony, upper-chest breathing, periodic deep sighing or breath holdings. Dysfunctional breathing can aggravate asthma, COPD and occur because of nasal breathing disorders. Dysfunctional breathing accompanies to generalized anxiety disorder, panic disorder,

phobias, PTSD, somatoform and dissociative disorders. From a psychological point of view, respiratory pattern disorders occur in response to stress, attachment disorders, as well as a distorted interpretation of internal sensations.

Conclusions: The study, diagnosis, and treatment of dysfunctional breathing require a holistic consideration of human functioning, taking into account physiological and psychological factors. Therefore, it is necessary to create an interdisciplinary approach to research various causes of dysfunctional breathing and provide personalized care.

Conflict of interest: No

Keywords: dysfunctional breathing; panic disorder; PTSD; anxiety disorder

EPV0309

Subjective anxiety according to comorbidity in dual pathology

F.J. Pino Calderon^{1*}, V. Lozano Gomez², J. Zoido Ramos³ and J. R. Gutierrez Casares⁴

¹Servicio Extremeño de Salud, Equipo De Salud Mental De Montijo, Montijo, Spain; ²Servicio Extremeño de Salud, Psychiatry Unit - Hospital Universitario De Badajoz, Badajoz, Spain; ³Servicio Extremeño de Salud, Cedex Los Pinos, Badajoz, Spain and ⁴Servicio Extremeño de Salud, Esm Psiquiatría Infantil - Hospital Perpetuo Socorro, Badajoz, Spain
*Corresponding author.

Introduction: The presence of comorbidity in substance users is common as for example ADHD and Depression, suggesting that dual pathology should be understood as trial pathology, as

Gutierrez et al propose. In addition, the presence of accompanying anxious symptoms is not negligible.

Objectives: Our purpose is to assess in a sample of substance users if the subjective anxiety was different according to the comorbidity (No Comorbidity, ADHD, Depression, and ADHD+Depression)

Methods: This is a sample of 177 substance users (alcohol n=64, cannabis n=49, cocaine=44 and opiates=20). We measure subjective anxiety through a numerically transformable visual analog scale from 0 to 10. We divide the sample into four groups as they exceed or not the cut-off points of BDI-1A and ADHD-RS scales. A comparative test is carried out using a one-way ANOVA and then a post hoc analysis to determine which groups differ.

Results: The mean age was 36,51 ± 10,83 with a 13,56% females. The group with the highest subjective anxiety was ADHD + Depression (7,03), the least, the group without added comorbidity (5,16). The means comparison between groups showed a statistically significant result according to the ANOVA (p = 0.001). The post hoc analysis indicated that the groups that differentiate each other were ADHD + Depression and Non-Comorbidity, finding two homogeneous subsets that do not differ from each other as can be seen in the figures

Conclusions: Subjective anxiety was different according to the comorbidity in our sample, with the ADHD + Depression and Non-Comorbidity groups differing.

Conflict of interest: No

Keywords: Anxiety; Dépression; dual pathology; ADHD

EPV0310

Confusion in children after moderate-severe and severe traumatic brain injury

A. Tyutyukina¹, Y. Sidneva^{2*} and V. Bykova³

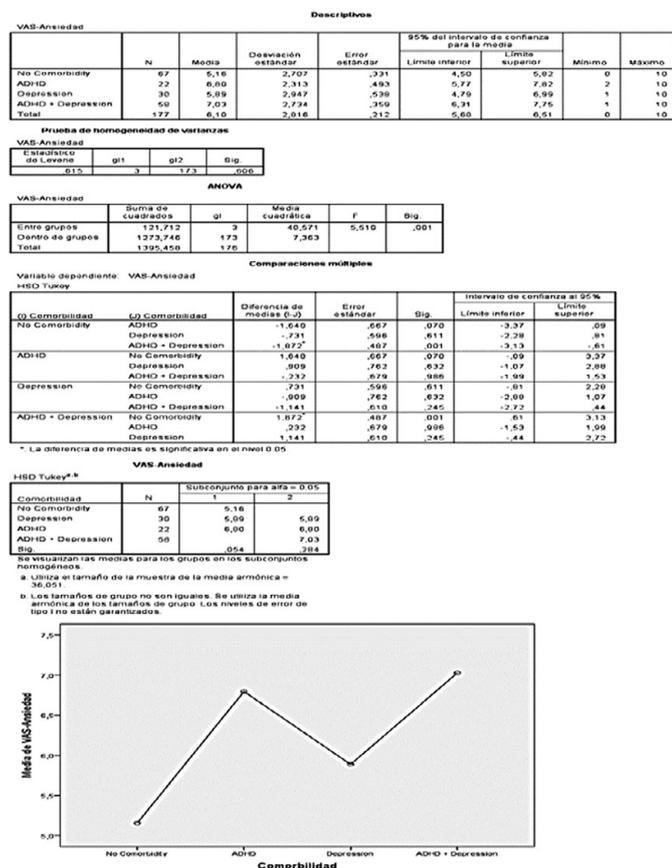
¹Clinical and Research Institute of Emergency Pediatric Surgery and Trauma, Neurosurgery; Rehabilitation, Moscow, Russian Federation; ²Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPT), Department of Recovery Treatment And Rehabilitation, Moscow, Russian Federation and ³Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPT), Neurosurgery; Rehabilitation, Moscow, Russian Federation
*Corresponding author.

Introduction: After moderate-severe and severe traumatic brain injury (MSTBI and STBI) in the process of recovery of consciousness patients go through the stage of confusion, described in the literature in adults. Post-traumatic confusion in childhood has not been studied. Purpose: to study the stage of confusion in children during the recovery of consciousness after MSTBI and STBI.

Objectives: 28 children after MSTBI and STBI (4-17 years old, median 12), who entered the CRIEPT (2016-2018).

Methods: neuropsychological (clinical interview, methods by A.R. Luria); data of psychopathological, neurological and neuro-imaging methods. Scales: assessment of the level of consciousness - by T. Dobrokhotova, RLAS-LCF-R, SCABL; confusion diagnostics - COAT

Results: Confusion was detected in 16 children (57%), 8-17 years old (median 15.5), most of them were adolescents (10-17 years old). Symptoms were noted: 1) disorientation in time, space, personal data; 2) memory impairment of current events and modally-nonspecific



type; 3) impairments of executive functions and neurodynamic parameters; 4) agitation; 5) impairments of emotional and personal spheres. The duration of confusion was an average of 2-3 weeks. Among the factors affecting the features of characteristics, severity and dynamic of confusion may be the degree of evolution of brain structures and the level of formation of mental functions, the relationships of parents and children, accompanied by neurosurgical, surgical and somatic disorders and other factors.

Conclusions: The stage of confusion was detected in 57% of children (over adolescence) after MSTBI and STBI in the symptoms: disorientation, amnesia, impairments of executive functions and neurodynamics, emotional and personal spheres; agitation.

Conflict of interest: No

Keywords: Post-traumatic confusion; Children; traumatic brain injury

EPV0312

Start-up and first results of the dual pathology outpatient program in salamanca.

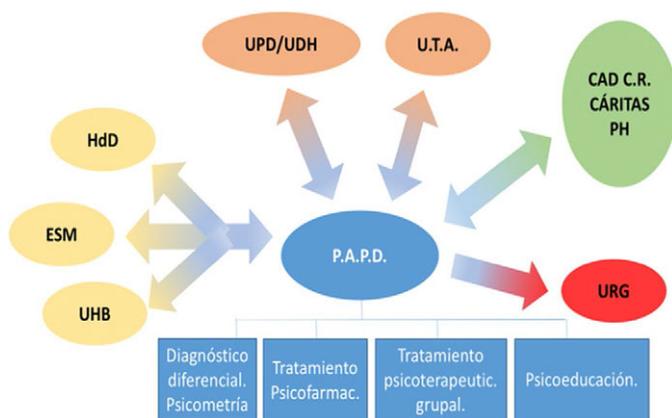
B. Vicente Hernandez^{1*}, P.R. Gutierrez Álvarez¹, R. Martinez¹, S. Herranz Rodríguez¹, L. Recio Martín¹, R. García Sanchez¹, C. Roncero² and A. Álvarez¹

¹University of Salamanca Health Care Complex, Psychiatry, Salamanca, Spain and ²University of Salamanca Health Care Complex, Psychiatry, Salamanca, Spain
*Corresponding author.

Introduction: At present in the province of Salamanca, there is no outpatient program focused on dual pathology. There is a perceived need of attention to those patients who present a serious mental disorder and a substance use disorder.

Objectives: In accordance with the recommendations of the scientific evidence of recent years, we propose the creation of a specific healthcare resource within the framework of the University of Salamanca Health Complex.

Methods: The dual pathology outpatient program sits (image 1) on the second level of the assistance system and follows the indications of the IV Mental Health Plan of the Regional Ministry of Health. It is intended to be a bridge between the two usual lines of assistance (image 2): mental health network and drug dependence network. It will offer a multidisciplinary and integrated approach from a biopsychosocial perspective. It will focus on diagnosis, differential diagnosis, psychopharmacological and psychotherapeutic approach, nursing care and psychometry. In addition, the dual pathology



RESOURCES GUIDE FOR THE CARE OF DRUG DEPENDENTS AND DUAL DISORDERS IN SALAMANCA					
PREVENTION	Programa "Lazarillo". Dependencia institucional. Diputación. Ayuntamiento. Cáritas.				
	General	Smoking	Alcoholism	Other substances	Judicial
	<ul style="list-style-type: none"> Equipos de Atención Primaria. Centros de Acción social. 		<ul style="list-style-type: none"> ARSA (Asociación de Alcohólicos Rehabilitados Salamanca) ARBE (Béjar) ARCIU (Ciudad Rodrigo) 	<ul style="list-style-type: none"> Espacio Abierto. Cáritas Salamanca. Asociación Nueva Gente APARED. 	<ul style="list-style-type: none"> Servicio de mediación, asesoramiento y motivación laboral. CCOO y UGT. Centro de referencia para la información de la Administración de Justicia. Cáritas.
SECOND LEVEL	<ul style="list-style-type: none"> Equipos de salud mental de distrito. Equipo de Salud Mental Infanto Juvenil. 	<ul style="list-style-type: none"> Servicio de Tratamiento del tabaquismo de Salamanca. AECC. Unidad Especializada de tabaquismo. Servicio de Neumología. Sacyl 	<ul style="list-style-type: none"> Unidad para el Tratamiento de Alcoholismo (UTA) Sacyl. 	<ul style="list-style-type: none"> Centro de asistencia ambulatoria de Drogodependientes. CAD Salamanca. Cruz Roja. Centro de Día. Cáritas. Centro de Día. Proyecto Hombre. 	
THIRD LEVEL	<ul style="list-style-type: none"> Unidad de Hospitalización Psiquiátrica de Salamanca. 		<ul style="list-style-type: none"> Centro Residencial de rehabilitación de alcohólicos de ALDAMA. Palencia Centro residencial de rehabilitación de alcohólicos "San Román" Zamora. 	<ul style="list-style-type: none"> Unidad de Desintoxicación Hospitalaria y Patología Dual "Los Montañeros". Salamanca. Comunidad Terapéutica Proyecto Hombre. Salamanca. Comunidad Terapéutica "Dr. Pampuri" (Centro Asistencial San Juan de Dios) Centro Terapéutico Residencial (Fundación Instituto Spiral). 	

outpatient program aims to be a training area for service professionals and the basis for promoting research activity focused on dual pathology. A previous training and coordination program has been carried out with the different resources of both networks. A pilot project is proposed, building a therapeutic team consisting of a psychiatrist, two clinical psychologists, two nurses, a social worker and two social educators.

Results: The first clinical results are presented.

Conclusions: This new program results from the effort to improve care for patients with dual pathology. More experience in this area is necessary.

Conflict of interest: No

Keywords: dual pathology; dual disorders; outpatient program

EPV0315

Personality features, dissociation, self-stigma, hope, and the complex treatment of depressive disorder

J. Prasko^{1*}, M. Ociskova¹, M. Slepecky² and A. Kotianova²

¹Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic and ²Faculty of Social Science and Health Care - Constantine the Philosopher University in Nitra- Slovak Republic, Department of Psychology Sciences, Nitra, Slovak Republic

*Corresponding author.

Introduction: Identifying the predictors of response to psychiatric and psychotherapeutic treatment may be useful for increasing treatment efficacy in pharmacoresistant depressive patients.

Objectives: The goal of this study was to examine the influence of dissociation, hope, personality trait and selected demographic factors in treatment response of this group of patients.

Methods: Pharmacoresistant depressive inpatients were enrolled in the study. All patients completed Clinical Global Impression – both objective and subjective form (CGI), Beck Depression Inventory (BDI-II), and Beck Anxiety Inventory (BAI) at baseline and after six weeks of combined pharmacotherapy and psychotherapy treatment as outcome measures. Internalized Stigma Of Mental Illness Scale (ISMI), Dissociative Experience Scale (DES), Adult Dispositional Hope Scale (ADHS), and Temperament and Character Inventory (TCI-R) were completed at start of treatment with intention to find predictors of treatment efficacy.

Results: The study included 72 patients hospitalized for the pharmacoresistant major depression, 63 of them finished the study. Mean scores of BDI-II, BAI, subjCGI, and objCGI significantly

decreased during the treatment. BDI-II relative change statistically significantly correlated with the total ISMI score, Discrimination Experience, and Harm Avoidance. Strongest factors connected to BDI-II relative change were duration of disorder and Discrimination Experience. The strongest factor connected to objCGI relative change was Discrimination Experience. The existence of comorbid personality disorder did not influence the treatment response

Conclusions: According to our results, the patients with pharmacoresistant depressive disorders, who have had more experience with discrimination because of their mental struggles, showed a poorer response to treatment. Supported by the research grant VEGA no. APVV-15-0502

Conflict of interest: No

Keywords: dissociation; Depressive disorder; personality features; Psychotherapy

EPV0317

Psychiatric comorbidity and use of psychopharmacology treatments in adults with autism spectrum disorder (ASD).

A. Álvarez Pedrero*, A. Palacin, I. Parra, R. Muñoz, S. Membrives, M. Llorens, L. Santos, J.A. Monreal and D. Palao Vidal

Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT, Mental Health, Sabadell, Spain

*Corresponding author.

Introduction: Prevalence of autism spectrum disorders (ASD) has increased in recent years. The literature shows a high psychiatric comorbidity and use of psychopharmaceuticals although they tend to tolerate them worse than the rest of the population.

Objectives: The main aim of this study is to investigate comorbidity and prescription of psychoactive drugs in outpatient adults with ASD.

Methods: Observational-retrospective study based on the review of outpatients clinical history of adults with ASD attended from September 2017 to September 2018, at Parc Taulí University Hospital in Sabadell (Barcelona).

Results: In our sample we find 77 patients (72.7% men). Average age is 27.40 years. We found comorbidity anxiety-depressive disorder (36.3%), and ADHD (31.2%). 85.71% (66) receive pharmacological treatment (60 receive 2 or more medicaments). Most common treatments are: antidepressants (51), antipsychotics (39), antiepileptic / mood stabilized (11), benzodiazepines (21), stimulants (7) and others (4). Half of the sample have II-III severity according to the DSM-5 criteria and 23.4% have recognized intellectual disability. Finally, up to 85% of the patients live with their families, and only 25% carry out paid work activities.

Conclusions: Adults with ASD are more likely to have a psychiatric disorder than general population. The most prevalent being ADHD, depression and anxiety disorders. Most adults with ASD receive antidepressant treatment, followed by antipsychotic therapy. Fluoxetine and risperidone have the highest evidence of the limited literature available. Despite the low prevalence of intellectual disability, it is clear that this population has high social dependence, low functionality and low autonomy.

Conflict of interest: No

Keywords: psychopharmacology; Autism; comorbidity; ASD

EPV0321

Fahr's syndrome revealed by a psychotic disorder: a case report

A. Ben Hamadi^{1*}, H. Ben Ammar¹, J. Hamdoun¹, E. Khelifa², A. Aissa³ and E.H. Zouhaier³

¹Razi hospital, Psychiatry F, Manouba, Tunisia; ²University of Tunis El Manar- Faculty of medicine of Tunis, Psychiatry - Razi Hospital, Tunis, Tunisia and ³Razi Hospital, F Department, Tunis, Tunisia

*Corresponding author.

Introduction: Fahr's syndrome is a rare disorder characterized by abnormal deposits of calcium in areas of the brain that control movement, including the basal ganglia and the cerebral cortex associated with many neurological and psychiatric abnormalities such as a rigid hypokinetic syndrome, mood disorders and cognitive impairment.

Objectives: This case highlights the importance of undertaking organic investigations in the context of acute psychotic symptomatology

Methods: We present an atypical case of Fahr's disease presenting with primarily neuropsychiatric disease with profound, rapidly progressive psychosis with no focal neurologic deficits that was responsive to olanzapine.

Results: We present a case of a 86 year-old woman with a history of well controlled hypertension who attended our outpatient psychiatric consultation for a symptomatology involving agitation auditory and visual hallucinations and a the delusional belief that she was the new president of the republic evolving within a period of less than a month. A cranial computed tomography brain scan found bi-pallidal and cerebellar amygdala calcifications in favour of Fahr syndrome associated with moderate bi frontal and temporal subcortical cortical atrophy. Phosphocalcic investigation revealed normal levels of serum calcium and phosphore ; urinary level of calcium ; Parathormone and 25-OH vitamin.

Conclusions: This case, along with others in the literature, emphasizes the importance of the role of neuro-imaging and the search for disrupted phosphocalcic metabolism in patients with atypical psychotic symptoms. It is also worth mentioning the importance of assessing the psychotic manifestations of a dementia within a Fahr disease.

Conflict of interest: No

Keywords: comorbidity; dementia; Fahr syndrome

EPV0322

Prevalence and characteristics of substance use disorders among Moroccan patients with a first psychotic episode

A. Boualame^{1,2*}, F.Z. Elfahiri¹, I. Adali^{3,4}, F. Manoudi^{3,4} and F. Asri^{1,4}

¹Mohammed VI University Hospital, Psychiatry, Marrakech, Morocco; ²Vichy Hospital, Psychiatry, Vichy, France; ³CHU Mohamed VI, Psychiatry, Marrakech, Morocco and ⁴Equipe de recherche pour la santé mentale, service de psychiatrie, Hôpital Ibn Nafis, CHU MARRAKECH, Psychiatry, Marrakech, Morocco

*Corresponding author.

Introduction: The association of brief psychotic episode - and psychotic disorders in general - with substance use disorders

(SUD) is a common clinical situation. Some literature data suggest that it could increase the risk and severity of psychotic relapses.

Objectives: We aimed, in this study, to determine the prevalence of SUDs in hospitalized patients for brief psychotic episode and describe the epidemiological and evolutionary characteristics in a Moroccan sample.

Methods: Retrospective descriptive and analytical study of patients hospitalized for the first brief psychotic episode at the Ibn Nafis psychiatric hospital in Marrakech between January 2014 and December 2016. The severity of the symptoms was evaluated by the PANSS scale.

Results: 209 patients were included. They were 27 years old in average, more than 87% of them were male. Cannabis was the most consumed substance (60.8%). This substance was more frequently consumed by men and increased the rate of rehospitalization, with significant correlations ($P < 0.05$). During the 3 years of the study, 26.5% of patients included relapsed in the same mode. The progression to schizophrenia was observed in 12.6% of patients.

Conclusions: Our results show that cannabis use is alarming. This substance was marked in one-third of users (35.4%) by dependence, and it seems to have an effect on the course of the illness (increase in the number of hospitalizations). These risks deserve to be clearly mentioned in prevention programs, because of the growing number of young cannabis users. Early detection and management of SUDs would contribute to a better prognosis of the brief psychotic episode.

Conflict of interest: No

Keywords: substance use disorder; cannabis; brief psychotic episode

EPV0323

Depression severity is associated with sarcopenia in non-elderly Chinese inpatients with major depressive disorder

X. Fan^{1*}, J. Yang¹, J. Yuan¹, Y. Wei¹ and X. Jin²

¹The Second Affiliated Hospital of Kunming Medical University, Psychiatry, Kunming, China and ²The Sixth Affiliated Hospital of Kunming Medical University (the People's Hospital of Yuxi), Geriatrics, Kunming, China

*Corresponding author.

Introduction: Recent studies showed that sarcopenia was positively associated with depressive symptoms assessed by self-rating scales among different populations. However, there have been few studies of sarcopenia among patients with major depressive disorder (MDD) and no previous studies on the relationship between depression severity and sarcopenia in MDD.

Objectives: To investigate whether depression severity is associated with sarcopenia in non-elderly Chinese inpatients with MDD using the SARC-F questionnaire.

Methods: For this cross-sectional study, we included first-episode drug-naïve MDD inpatients aged 20-59 years with the 24-item Hamilton Rating Scale for Depression (HAM-D-24) scores of >20 at the psychiatric Department of the Second Affiliated Hospital of Kunming Medical University from January to December 2018. Sarcopenia was assessed by the 5-item SARC-F questionnaire comprising strength, assistance in walking, rising from a chair, climbing stairs and falls. The HAM-D-24, the Social

Support Revalued Scale (SSRS) and the Raven's Standard Progressive Matrices (RSPM) were used to assess depression severity, social support and cognition, respectively. Depression severity was classified as mild to moderate ($20 < \text{HAM-D-24} \leq 35$) and severe ($\text{HAM-D-24} > 35$).

Results: A total of 149 MDD inpatients (mean age 37.7 ± 11.5 years, 64.4% females) were included, with 9.4% of sarcopenia. The MDD inpatients with sarcopenia had higher HAM-D-24 scores than those without (Table 1). After adjustment for age, gender, social support and cognition, depression severity was significantly associated with sarcopenia (OR=7.60, 95% CI: 1.88-30.74, $p=0.004$) (Table 2).

Conclusions: Non-elderly MDD inpatients with sarcopenia comorbidity may have severer depressive symptoms. Therefore, early identification and intervention for sarcopenia may be beneficial to non-elderly MDD inpatients.

Conflict of interest: No

Keywords: sarcopenia; severity; major depressive disorder

EPV0326

Comorbid alcohol dependence and generalized anxiety disorder

T. Grahovac Juretić^{1,2*}, J. Rebić^{1,2}, A. Stevanović^{1,2,3}, M. Leticia Crepulja^{1,2}, A. Došen² and I. Rončević Gržeta^{1,2}

¹Clinical Hospital Rijeka, Psychiatric Clinic, Rijeka, Croatia; ²Faculty of Medicine University of Rijeka, Department of Psychiatry And Psychological Medicine, Rijeka, Croatia and ³Faculty of health studies University of Rijeka, Department of Basic Medical Sciences, Rijeka, Croatia

*Corresponding author.

Introduction: Generalized anxiety disorder (GAD) is characterized by excessive anxiety of at least 6 months duration that is hard to control, not focused on a specific situation or objects, and not triggered by recent stressing events. GAD has high rate of psychiatric comorbidities. Secondary alcohol use disorders may result from self-medication of anxiety symptoms with alcohol.

Objectives: Forty-year-old female patient who has undergone psychiatric treatment for GAD for several years with the subsequent development of alcohol dependence is presented. In order to overcome overwhelming anxiety, the patient drank too much alcohol and has consequently developed alcohol addiction disorder, which in turn causes her to feel guilt and shame.

Methods: Treatment plan for the patient during the years has included two hospital treatments, outpatient day care programme for addiction treatment and numerous combinations of pharmacotherapy. Two years ago, she started with outpatient psychosocial group treatment focused on social skills training which has yielded significant results.

Results: By learning new coping strategies and social skills, everyday functioning has been significantly improved and full abstinence and remission of anxiety symptoms has been accomplished.

Conclusions: Respect for and adequate treatment of comorbidities significantly contributes to the quality and success of treatment and to the improvement of prognosis.

Conflict of interest: No

Keywords: Alcohol dependence; Group treatment; social skills training; generalized anxiety disorder

EPV0327

Evaluation of disease control in greek patients with major depressive disorder with/without generalized anxiety disorder and comorbidities–prono study

I. Nimatoudis¹, P. Petrikis², A. Konstantinou³, S.I. Bargiota⁴, A. Ginis⁵ and S. Karagiovanaki^{6*}

¹AHEPA University General Hospital of Thessaloniki, 3rd Department of Psychiatry, Thessaloniki, Greece; ²University Hospital of Ioannina, Department of Psychiatry, IOANNINA, Greece; ³Private Site, Psychiatry, Larissa, Greece; ⁴Private Site, Psychiatry, Thessaloniki, Greece; ⁵Elpen Pharmaceutical Co. Inc., Medical, Pikermi, Greece and ⁶Elpen Pharmaceutical Co. Inc., Clinical Research, Pikermi, Greece
*Corresponding author.

Introduction: The presence of comorbidities in Major Depressive Disorder(MDD) patients, complicates the prognosis by increasing the physical disability. These patients are more likely to be resistant to antidepressant therapy and have markedly decreased social function.

Objectives: Evaluation of disease control in Greek patients with MDD with/without Generalized Anxiety Disorder(GAD) and comorbidities, under six month treatment with citalopram, and/or quetiapine, and/or pregabalin.

Methods: A total of 565 patients with MDD with/without GAD, participated in this prospective, non-interventional, multicenter clinical study (NCT03317262). The subgroup of 325 (58%) patients had at least one comorbidity. Severity of MDD and GAD symptoms was evaluated using the HAM-D and HAM-A Scores at baseline and 6 months respectively.

Results: The mean HAM-D score in patients with comorbidities without GAD, at baseline and 6 months was 23.95±7.21 and 8.20±4.70 respectively, indicating that there was a significant reduction in depression symptoms (-15.75,p<0.0001). The mean HAM-A score in patients with comorbidities and GAD at baseline and 6 months was 26.56±7.42 and 9.39±6.05 respectively, indicating that there was a significant reduction in anxiety symptoms (-17.18,p<0.0001). Moreover, the mean HAM-D score of these patients at baseline and 6 months was 24.74±7.49 and 8.46±5.46 respectively, indicating that there was a significant reduction in depression symptoms (-16.28,p<0.0001).

Conclusions: MDD patients with comorbidities and GAD, had a higher baseline HAM-D score compared to the patients without GAD, while there was greater improvement in patients without GAD, 6 months after baseline visit. Nevertheless, the mean total HAM-D scores were almost equal between MDD patients with/without GAD.

Conflict of interest: No

Keywords: major depressive disorder; comorbidities; generalized anxiety disorder; disease control

EPV0328

Evaluation of quality of life in greek patients with major depressive disorder with/without generalized anxiety disorder and comorbidities-prono study

P. Gourzis¹, A. Konsta², D. Koutsodonti³, E. Kampouri⁴, A. Ginis⁵ and S. Karagiovanaki^{6*}

¹School of Medicine, University of Patras, Greece, Psychiatry, Patras, Greece; ²Aristotle University of Thessaloniki, Medical School,

Thessaloniki, Greece; ³Private Site, Psychiatry, Ilion, Greece; ⁴Private Site, Psychiatry, Perama, Greece; ⁵Elpen Pharmaceutical Co. Inc., Medical, Pikermi, Greece and ⁶Elpen Pharmaceutical Co. Inc., Clinical Research, Pikermi, Greece

*Corresponding author.

Introduction: The presence of comorbidities is an important risk factor for low quality of life (QoL) and health status in patients with Major Depressive Disorder(MDD).

Objectives: Evaluation of the QoL in Greek patients with MDD with/without Generalized Anxiety Disorder (GAD) and comorbidities, under 6 month treatment with citalopram, and/or quetiapine, and/or pregabalin.

Methods: A total of 565 patients with MDD with/without GAD, participated in this prospective, non-interventional, multicenter clinical study (NCT03317262). The subgroup of 325 (58%) patients had at least one comorbidity. QoL was evaluated using validated Greek EQ-5D 3 level questionnaire.

Results: The mean EQ-5D-3L VAS score for patients without GAD at baseline and 6 months was 44.45±17.98 (low score QoL) and 75.28±17.82 respectively. The EQ-5D-3L index score mean value at baseline and 6 months was 0.30±0.34 and 0.79±0.23 respectively. There was a statistically significant change in QoL of the patients at 6 months with index and VAS score being increased by 0.49 and 30.82 respectively (p<0.0001 in all cases). The mean EQ-5D-3L VAS score for patients with GAD, at baseline and 6 months was 40.49±17.06 and 73.75±14.88 respectively. Moreover, the mean value of EQ-5D-3L index score at baseline and 6 months was 0.23±0.35 and 0.76±0.28 respectively. There was a statistically significant change in QoL of these patients at 6 months with EQ-5D index and VAS score being increased by 0.53 and 33.26 respectively (p<0.0001 in all cases).

Conclusions: MDD patients with/without GAD and comorbidities, had a statistically significant improvement on their QoL, after six months on treatment.

Conflict of interest: No

Keywords: major depression disorder; comorbidities; anxiety disorder; quality of life

EPV0330

Depressive disorder in cardiological inpatients

N. Kornetov^{1*}, O. Molodykh², N. Zvereva³ and A. Arzhanik²

¹Siberian State Medical University, Department of Psychiatry, Drug Addiction, Psychotherapy, Tomsk, Russian Federation; ²Siberian States Medical University, 4th Year Student Of The Medical Faculty, Tomsk, Russian Federation and ³Federal state BUDGETARY INSTITUTION "SIBERIAN FEDERAL SCIENTIFIC and CLINICAL CENTER of the FEDERAL MEDICAL and BIOLOGICAL AGENCY" of Russia, Department of Psychiatry, Drug Addiction, Psychotherapy, Seversk, Russian Federation

*Corresponding author.

Introduction: Various studies of depression show that there is a high risk of disability and mortality in patients with symptoms of depressive disorder and cardiovascular diseases.

Objectives: To study the levels of manifestations of depressive and anxiety symptoms in patients with the heart diseases to determine the number of patients requiring complex antidepressant therapy.

Methods: The cross-sectional study of 127 inpatients with hypertension/ heart diseases was conducted. Depression and anxiety

symptoms were evaluated using HADS, anhedonia by Snaith-Hamilton Pleasure Scale (SHAPS) and pain by visual analog scale (VAS). Acquired data statistically processed.

Results: The depressive spectrum of symptoms (DS) was observed in 67 (53.0%) inpatients. There were no DS in 60 (47.0%). When assessing DS, 29 (22.5%) met the criteria for major depressive disorder (MDD), 39 (31%) for minor depression, and it was difficult to evaluate sub-syndromal DS in inpatients with cardiovascular disease. They entered the rest of the group of inpatients, who were rated as not having depression – 59 (46.5%). When comparing HADS, SHAPS, VAS in inpatients without depression and MDD, respectively, anxiety: 7.0 (4.0; 9.0) and 10.0 (8.0; 12.0) $p < 0.0001$; anhedonia: 2.0 (0.0; 3.0) and 4.0 (2.0; 7.0) $p < 0.0001$; pain intensity: 3.0 (1.0; 5.0) and 5.0 (4.0; 7.0) $p < 0.0005$.

Conclusions: Our study illustrated that more than 1/5 of inpatients with CVD have indications for antidepressant therapy, the antidepressants are also indicated by the severity of pain and anhedonia, most profound in major depression.

Conflict of interest: No

Keywords: Cardiologic inpatients; comorbidity; Educational Program; Depressive disorder

EPV0331

Patient with bipolar disorder and prolactinoma treated with aripiprazole: a case report

I. Kampouras¹ and F. Louki^{2*}

¹PSYCHIATRIC HOSPITAL OF ATTICA, Medical Health Centre Of Athens, ATHENS, Greece and ²PSYCHIATRIC HOSPITAL OF ATHENS, Mental Health Centre Agii Anargiri, ATHENS, Greece

*Corresponding author.

Introduction: Prolactinomas are the most common hormone-secreting pituitary tumors. The drugs that are effective in the treatment of hyperprolactinemia are DA agonists such as bromocriptine and cabergoline. Some of the adverse effects of these drugs include psychiatric manifestations such as depression and psychosis. The management of patients with prolactinoma and schizophrenia or BD is challenging, since the medications used to treat each of these disorders confront opposing mechanisms of action. Aripiprazole is a partial D2R-agonist, which is used to control psychotic symptoms while minimizing side effects commonly seen with D2R antagonism. It is known to have prolactin-lowering effects.

Objectives: We evaluated the effects of aripiprazole on a patient suffering from BD and prolactinoma.

Methods: This is a case report of a female 35 year old patient with a known history of bipolar disorder since the age of 26 and prolactinoma (diagnosed 3 years ago) who was referred to our psychiatric department after discontinuation of her medication resulting in relapse of BD. She exhibited a manic episode and was treated with aripiprazole and lorazepam. Her prolactin levels were high and after endocrinological evaluation she started treatment with cabergoline. She didn't develop any psychiatric side effects from cabergolide.

Results: At one month follow-up the patient was stable and prolactin levels were reduced. After six months prolactin levels were normal. Treatment with aripiprazole resulted in remission of her symptoms and reduction of the prolactin levels.

Conclusions: Aripiprazole seems to be a safe choice for patients suffering from schizophrenia or BD and prolactinoma.

Conflict of interest: No

Keywords: bipolar disorder and prolactinoma and aripiprazole

EPV0334

Comorbidities in dementia: state of knowledge.

M. Pawłowski^{1*}, M. Łuc¹, M. Lenart¹, D. Szcześniak¹, I. Seifert², H. Wiegelman², K. Wolf-Ostermann², A. Gerhardus², E. Rouwette³, M. Vernooij-Dassen⁴, M.A. Ikram⁵, R.J.F. Melis⁶, A.-K. Welmer⁷, H. Brodaty⁸, J.R. Thyrian⁹, D. Davis¹⁰, R. Chattat¹¹, Y.-H. Jeon¹², M. Perry⁶, S. Samtani⁸, H.X. Wang^{13,14} and J. Rymaszewska¹

¹Wrocław Medical University, Department of Psychiatry, Wrocław, Poland; ²University of Bremen, Institute of Public Health And Nursing Research, Bremen, Germany; ³Radboud University, Department of Business Administration, Nijmegen, Netherlands; ⁴Radboud University, Radboudumc Iq Healthcare, Nijmegen, Netherlands; ⁵Erasmus MC University Medical Center, Department of Epidemiology, Rotterdam, Netherlands; ⁶Radboud University Medical Center, Department of Geriatrics, Nijmegen, Netherlands; ⁷Karolinska Institutet, Department of Neurobiology, Care Sciences And Society, Solna, Sweden; ⁸University of New South Wales, Centre For Healthy Brain Ageing, Sydney, Australia; ⁹Deutsches Zentrum für Neurodegenerative Erkrankungen, Site Rostock/ Greifswald, Bonn, Germany; ¹⁰University College London, Mrc Unit For Lifelong Health And Ageing, London, United Kingdom; ¹¹University of Bologna, Department of Psychology Psi, Bologna, Italy; ¹²The University of Sydney, Faculty of Nursing And Midwifery, Sydney, Australia; ¹³Stockholm University, Stress Research Institute, Stockholm, Sweden and ¹⁴Karolinska Institutet, Department of Neurobiology, Care Sciences And Society, Stockholm, Sweden

*Corresponding author.

Introduction: As life expectancy is increasing globally dementia is becoming an important problem for health care system. It is assumed that various diseases may contribute to cognitive decline or influence course of dementia.

Objectives: The search for factors impacting cognition during a life course is one of the essential steps of the international SHARED project (Social Health And Reserve in Dementia patient journey). We aimed to summarize the existing scientific literature concerning the association of comorbidities with cognitive performance and dementia.

Methods: A systematic literature search was performed using Medline, PsycINFO, CINAHL Complete, Cochrane Database of Systematic Reviews and Epistemonikos.

Results: Among 479 mentions in articles focusing on biological and medical aspects of cognition, 220 mentions of diseases which influence lifelong cognitive performance and dementia development were detected. Of those, 188 reported significant associations between comorbidities and increased risk of cognitive decline/dementia, 2 studies reported protective influences of comorbidities on the outcome, and 28 studies showed inconsistent results. The outcomes were categorized in 12 groups. Diabetes, hypertension and cerebrovascular diseases were the most frequently mentioned risk factors.

Conclusions: The review of the study reveals more evidence of cognitive decline risk factors, than protective factors in relation to medical condition. Some comorbidities were more frequently studied than others, which should be reflected in standards of care for dementia patients. Further exploration of reported uncertainties

may help introduce novel effective approaches and potential points of intervention in dementia prevention and treatment.

Conflict of interest: No

Keywords: cognitive decline; dementia; comorbidity

EPV0336

Does anxiety moderate the efficacy of mirtazapine in patients with treatment resistant depression? A secondary analysis of the mir trial

R. Rifkin-Zybutz^{1*}, S. Macneill¹, C. Dickens², J. Campbell³, C. Chew-Graham⁴, T. Peters¹, N. Wiles¹ and D. Kessler¹

¹University of Bristol, Centre Of Academic Mental Health, Bristol, United Kingdom; ²University of Exeter, Mental Health Research Group, Exeter, United Kingdom; ³University of Exeter, Academic Primary Care, Exeter, United Kingdom and ⁴University Of Keele, Academic Primary Care, Keele, United Kingdom

*Corresponding author.

Introduction: Mirtazapine has been shown to be effective in treating patients with both depression and anxiety symptoms.¹ This has not been examined in primary care.

Objectives: We examined whether anxiety moderated the effect of mirtazapine compared with placebo in patients with treatment resistant depression (TRD).

Methods: MIR is a placebo-controlled trial of the addition of mirtazapine to an SSRI/SNRI antidepressant in TRD that did not find a clinically meaningful effect on depressive symptoms over 12 weeks.² We split participants into three groups by baseline GAD-7 score : severe (GAD-7 >16), moderate (GAD-7 11-15), no/mild (GAD-7 ≤10). We used linear regression and likelihood ratio testing of interaction terms to assess how baseline anxiety altered the response of participants to mirtazapine as measured by endpoint GAD-7 and BDI-II scores.

Results: Patients with higher anxiety got more anxiolytic benefit from mirtazapine compared to placebo (p = 0.04). Participants with severe anxiety (n=99/420) receiving mirtazapine had larger reductions in GAD-7 score (Mean difference (MD) 2.82, 95% CI 0.69 to 4.95) and larger decreases in BDI-II score (MD 6.36, 95% CI 1.60 to 10.84). Conversely those with no/mild anxiety (n=245/420) had no anxiolytic benefit (MD -0.28, 95% CI -1.60 to 1.05) compared to placebo.

Conclusions: This extends evidence for mirtazapine's anxiolytic effectiveness to primary care patients with TRD. These results may inform targeted prescribing based on concurrent anxiety symptoms, although these conclusions are limited by the post-hoc nature of this analysis. References 1. Fawcett J, Barkin RL. *J Clin Psychiatry*. 1998;59(3):123-7. 2. Kessler DS, et al. *BMJ (Online)*. 2018;363.

Conflict of interest: No

Keywords: Treatment resistance; Mirtazapine; Anxiety

EPV0337

The chemsex phenomenon and its associated risk of psychosis

C. Almeida*, J. Miranda, M. Barbosa, L. Santos Silva, R. Araújo and M. Silva

Centro Hospitalar de Leiria, Psychiatry And Mental Health, Leiria, Portugal

*Corresponding author.

Introduction: Chemsex is the name given to the increasingly common practice of intentional psychoactive drug use to facilitate and maintain sexual relations for several hours or days, usually among groups of men who have sex with men (MSM). The most commonly used drugs in this context are mephedrone, crystal methamphetamine and gamma-hydroxybutyrate (GHB), most often simultaneously and with various possible routes of administration. The consequences of this practice are varied, including the addictive potential and the risk of inducing psychotic episodes.

Objectives: To describe the social phenomenon of chemsex and to review the reported cases of the most frequently used drug-induced psychosis, focusing on the context and the psychopathological and therapeutic aspects involved.

Methods: A literature search was conducted at Pubmed/Medline and Google Scholar databases using the key terms "chemsex", "mephedrone", "bath-salts" and "psychosis".

Results: Most studies on the subject focus on the infectious aspect of this practice. However, the potential for induction of brief or persistent psychotic symptomatology by this practice is already well documented in the literature, both in cases of acute intoxication and in situations of chronic abuse or deprivation of these substances.

Conclusions: There are several cases of psychotic episodes induced by the most commonly used drugs in the context of chemsex reported in Western Europe. As this is a growing phenomenon and has important repercussions in terms of Mental Health, its recognition by professionals in order to successfully develop intervention strategies in the area is of extreme relevance.

Conflict of interest: No

Keywords: slamsex; chemsex; psychosis

Consultation liaison psychiatry and psychosomatics

EPV0340

Psychiatric symptoms associated with septo-optic dysplasia.

H. Becerra Darriba

Osasunbidea - Servicio Navarro de Salud, Centro De Salud Mental De Tudela, Tudela, Spain

Introduction: Septo-optic dysplasia or Morsier's syndrome associates the congenital triad of optic nerve hypoplasia, abnormalities of cerebral midline structures, and pituitary hypoplasia. The disease involves epilepsy, impaired neurodevelopment, intellectual disability, jaundice, precocious puberty, short stature, biorhythm dysregulation, muscular hypotonia, obesity, anosmia, sensorineural hearing loss or cardiac abnormalities.

Objectives: To describe the psychopathology implicated in septo-optic dysplasia.

Methods: We report a case of a 30-year-old male, with a somatic history of strabismus, left eye amblyopia, partially empty sella, panhypopituitarism (GH, ACTH and TSH deficiency) stabilized with corticosteroids and Levothyroxine, generalized epilepsy controlled with Brivaracetam, and mild mental retardation. From the age of 27, the patient experienced cyclical self-limited episodes, of sudden onset and spontaneous resolution, without identifying trigger, lasting from 4 to 10 days, consisting of hypotimia, anhedonia, obsessive rumination of self-injurious content, feelings of disability, anergy,

apathy, abulia, clinophilia, blurred vision, hyporexia, somatized anxiety (dizziness, tremor, tension headache), mental distress, regressive behavior, mutism and unstructured suicidal ideation, without psychotic symptoms and preserving the reality judgment.

Results: No infectious, toxic, autoimmune or epileptogenic etiology was found. Neuroimaging showed a congenital agenesis of septum pellucidum, thinned corpus callosum, temporal cortical dysplasia, hypoplastic pituitary gland and unilateral optic nerve hypoplasia. Electroencephalogram was normal. The findings suggested a septo-optic dysplasia and an organic mental disorder of mood and anxiety (F06.3-4; ICD-10). Genetic test confirmed the diagnosis of Morsier syndrome. Treatment with Sertraline 100mg/day and Gabapentin 200mg/day was initiated, with symptomatic improvement.

Conclusions: Dysfunctional brain structures can cause hormonal, mood or behavior disorders. Clinical heterogeneity may difficult a therapeutic approach.

Conflict of interest: No

Keywords: Organic Mental Disorder; Septo-optic dysplasia; Morsier's syndrome

EPV0344

The role of psychosocial factors in development and urticaria treatment

S. Blazevic Zelic^{1*}, A. Pavešić Radonja² and I. Skarpa¹

¹Clinical hospital Rijeka, Psychiatry Department, Rijeka, Croatia and

²University Hospital Rijeka, Psychiatry, Rijeka, Croatia

*Corresponding author.

Introduction: Urticaria is a psychosomatic skin disorder which is characterized by skin changes shorter (acute urticaria) or longer than 6 weeks (chronic urticaria). Psychological factors play an important role in development and its treatment.

Objectives: Examine the differences between acute and chronic urticaria in satisfaction with life, coping strategies and personality traits.

Methods: 150 subjects with urticaria divided into 2 groups (acute and chronic urticaria) after 6 weeks completed the questionnaires: Satisfaction with Life Scale, Personal Wellbeing Index, The Multi-dimensional Coping Inventory, Eysenck Personality Questionnaire. After six weeks all the participants were retested with Satisfaction with life scale and Personal wellbeing index.

Results: Acute urticaria patients are more satisfied with their lives than chronic patients after 6 weeks ($t=-3,97$; $df=86$; $p<0,01$). Acute urticaria patients largely used emotion-focused coping ($t=3,77$; $df=147$; $p<0,01$), positive reinterpretation and growth ($t=2,43$; $df=147$; $p<0,05$), suppression of competing activities ($t=2,06$; $df=146$; $p<0,05$) than chronic ones. Acute urticaria patients seek social support for emotional ($t=4,26$; $df=147$; $p<0,01$) and instrumental reasons to a greater extent than chronic patients ($t=2,38$; $df=147$ $p<0,05$). Chronic patients use venting of emotions ($t=2,5$; $df=147$; $p<0,05$) and mental disengagement ($t=2,08$; $df=147$; $p<0,05$) to a lesser degree than acute ones. The higher neuroticism in acute urticaria leads to the greater use of problem-focused ($r=.25$; $p<0,05$), emotion-focused coping ($r=.35$; $p<0,01$) and avoidance ($r=.44$; $p<0,01$) The higher neuroticism in chronic urticaria results in more often use of avoidance ($r=.43$; $p<0,01$).

Conclusions: An interdisciplinary approach is required in the treatment, involving a psychiatrist to help reduce chronicity, improve the quality of life and develop adequate coping strategies.

Conflict of interest: No

Keywords: Coping skills; satisfaction with life; Personality traits; Urticaria

EPV0345

Brief psychotic episode in a patient living with HIV and treated with dolutegravir. Much more common than we thought? A case report and review.

J. Curto Ramos^{1*}, G. Kollias¹ and G. Tsoukalis²

¹La Paz University Hospital, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²HOSPITAL RODRIGUEZ LAFORA, Psychiatry, Clinical Psychology And Mental Health, MADRID, Spain

*Corresponding author.

Introduction: Neuropsychiatric symptoms are more prevalent in people living with HIV than in general population. This may be related to substance use disorders, opportunistic infection, direct effects of HIV infection, and the adverse effects and toxicity of antiretroviral drugs. Dolutegravir (DGV) is one of the preferred antiretroviral agents in first-line combination in the antiretroviral therapy.

Objectives: We report the case of a patient with living with HIV and treated with Dolutegravir with a Brief psychotic episode.

Methods: A case reported is presented. A narrative review was performed to analyze the association between dolutegravir and neuropsychiatric symptoms.

Results: Neuropsychiatric symptoms in HIV patients treated with dolutegravir have been described such as sleep disorders, anxiety, depression, psychosis, poor concentration, or slow thinking. Rates of discontinuation of dolutegravir because of neuropsychiatric adverse events remains high.

Conclusions: More robust research on the association of dolutegravir and neuropsychiatric symptoms is needed. Adverse effects and toxicity of antiretroviral drugs must be taken into in the differential diagnosis when a patient with HIV shows denovo neuropsychiatric symptoms.

Conflict of interest: No

Keywords: ADVERSE EFFECTS ARV; HIV

EPV0346

Eye movement desensitisation and reprocessing therapy for medically unexplained symptoms: a qualitative study of patients' experiences

A. Hussain¹, S. Proudlock², J. Peris² and C. Hopkins^{3*}

¹Berkshire Healthcare NHS Foundation Trust, Community Psychological Medicine Service, Bracknell, United Kingdom;

²Berkshire Healthcare NHS Foundation Trust, Prospect Park Hospital, Reading, United Kingdom and ³Berkshire Healthcare NHS Foundation Trust, Psychological Medicine Service, Royal Berkshire Hospital, Reading, United Kingdom

*Corresponding author.

Introduction: There is a growing body of literature demonstrating efficacy of eye movement desensitisation and reprocessing (EMDR) therapy in managing medically unexplained symptoms (MUS). As yet, however, our understanding of MUS patients' experience of EMDR therapy remains highly limited.

Objectives: This study aimed to gain insights into MUS patients' experience and conceptions of EMDR therapy.

Methods: Adult MUS patients who completed EMDR therapy in the MUS clinic in Berkshire, UK, between 2014 and 2016 were considered eligible for study inclusion. Telephonic semi-structured interviews were undertaken, and inductive thematic analysis was used to explore patients' experience of EMDR therapy. Triangulation was achieved through use of a structured standardised questionnaire.

Results: 7 eligible patients consented to study inclusion. 86% of participants agreed that EMDR therapy was helpful for their physical symptoms, and all participants reported benefits in their psychological symptoms and function. The following themes emerged from the data: 1) past psychological trauma, including realisation and resolution; 2) initial scepticism; 3) the emotionally strenuous nature of therapy; 4) increased awareness of psychological processes; and 5) good perceived treatment efficacy.

Conclusions: The distinctive themes identified may grant insight into the potential mechanisms of change underlying EMDR therapy in the treatment of MUS, with increased insight into difficulties and improved emotional coping seemingly making significant contributions. Potential ethical considerations arose, with patients requesting detailed information about the therapy's nature and the likelihood of exploration of traumatic experiences prior to therapy commencement. These findings may help inform future research and clinical applications of EMDR therapy for MUS.

Conflict of interest: No

Keywords: Eye movement desensitisation & reprocessing therapy; Medically unexplained symptoms

EPV0347

Eye movement desensitisation and reprocessing therapy for the treatment of functional neurological disorder: a case series

A. Hussain¹, J. Peris², S. Proudlock² and C. Hopkins^{3*}

¹Berkshire Healthcare NHS Foundation Trust, Community Psychological Medicine Service, Reading, United Kingdom; ²Berkshire Healthcare NHS Foundation Trust, Prospect Park Hospital, Reading, United Kingdom and ³Berkshire Healthcare NHS Foundation Trust, Psychological Medicine Service, Royal Berkshire Hospital, Reading, United Kingdom

*Corresponding author.

Introduction: While there is a growing literature examining use of eye movement desensitisation and reprocessing (EMDR) therapy for the treatment of medically unexplained symptoms (MUS), there has been minimal examination of use of this modality in the context of functional neurological disorder (FND) specifically.

Objectives: This case series examines the clinical effect of EMDR therapy in the treatment of FND.

Methods: The case series comprises patients with formal diagnosis of FND who attended a specialist UK-based MUS clinic between 2014 and 2016 and completed a course of EMDR therapy. A retrospective analysis of pre- and post-therapy psychometric measures was conducted. Psychometric measures examined included both the 9 and 15-item Patient Health Questionnaire variants (PHQ-9 and PHQ-15), the Generalised Anxiety Disorder Scale (GAD), and Impact of Event Scale - Revised (IES-R).

Results: 4 eligible patients afforded consent for study inclusion. Reduction in severity of symptoms was seen across all scales, with

mean reductions of 2.8 (standard deviation, SD: 4.2), 3.0 (6.2), 4.0 (6) and 45.5 (10.7) points in the PHQ-15, PHQ-9, GAD and IES-R scales observed, respectively.

Conclusions: This case series provides some signal that EMDR therapy may exert beneficial clinical effects upon both somatic and psychological parameters in the context of FND. Significant change was seen in past traumatic memories and this accompanied clinical improvement; this may serve to highlight the importance of recognising and addressing trauma in patients with FND. Further to this, larger scale, prospective research is warranted to examine the efficacy of EMDR therapy in FND specifically and determine correlates of response.

Conflict of interest: No

Keywords: Eye movement desensitisation & reprocessing therapy; Medically unexplained symptoms; functional neurological disorder

EPV0350

How to manage the risk for serotonin syndrome (SS) in patients with current antidepressant treatment requiring linezolid for a new resistant nosocomial infection?

G. Kollias^{1*}, G. Tsoukalis², D. Garcia Martínez¹, A. Kollia³, A. Suárez Lorenzo¹, J. Curto Ramos¹, S. Cebolla¹, Á. Palao¹, B. Rodríguez-Vega¹ and M.F. Bravo-Ortiz¹

¹La Paz University Hospital, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain; ²Hospital Dr. Rodríguez Lafora, Psychiatry, Clinical Psychology And Mental Health, MADRID, Spain and ³Evangelismos General Hospital, Psychiatry, Athens, Greece
*Corresponding author.

Introduction: Serotonin syndrome (SS) is a potentially life-threatening condition caused by excessive serotonergic activity in the nervous system. It is characterized by mental status changes, autonomic instability, and neuromuscular hyperactivity. In patients taking linezolid, an oxazolidinone antibiotic widely used for resistant nosocomial infections, along with serotonergic antidepressants there is a documented risk for SS.

Objectives: We report the case of a difficult-to-control asthma patient, diagnosed with MRSA pneumonia during a prolonged hospitalization for asthma exacerbation, concurrently taking an SNRI (venlafaxine). We aim to review the evidence about the mechanisms of serotonin toxicity when drugs in the MAO-inhibitor class (like linezolid) are combined with proserotonergic agents as well as the current clinical guidelines for the management of patients with concurrent antidepressant treatment requiring linezolid for a new resistant nosocomial infection.

Methods: A case report is presented. A narrative review via scientific database (PubMed, Google scholar) was conducted.

Results: While SS has not been described in clinical trials of linezolid, several cases have been reported after commercialization of this antibiotic, especially when used concurrently or within close temporal relation to a serotonergic agent like SSRI/SNRI antidepressants. The mechanism of action is not fully understood.

Conclusions: To our knowledge, there are not any guidelines for the adequate management of these cases, with current recommendations for use of linezolid and serotonergic antidepressants based on risk-benefit personalized analyses.

Conflict of interest: No

Keywords: serotonin syndrome; antidepressant; linezolid

EPV0351

Psychosomatic correlates and psycho-emotional disorders in patients with dermatologic disorders and chronic itch

M. Markova^{1*}, R. Yaremkevych¹, H. Kozhyna², M. Yudin³ and I. Mukharovska⁴

¹Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology, Medical and Psychological Rehabilitation, Kharkiv, Ukraine; ²KHARKIV NATIONAL MEDICAL UNIVERSITY, Psychiatry, Narcology And Medical Psychology, Kharkiv, Ukraine; ³Kharkiv National Medical University, Psychiatry, Narcology And Medical Psychology, Kharkiv, Ukraine and ⁴Bogomolets National Medical University, Medical Psychology, Psychosomatic Medicine and Psychotherapy, Kharkiv, Ukraine
*Corresponding author.

Introduction: Chronic itch significantly reduces the quality of life, working capacity and social activity of patients with dermatologic diseases.

Objectives: To investigate the peculiarities of the psycho-emotional state of patients with dermatological pathology, depending on the severity of chronic itch.

Methods: At medical center "Asklepiy" during 2016-2018 years, observed 134 dermatologic patients with chronic itch and diagnoses atopic dermatitis (62.7%), psoriasis (23.9%) and seborrheic dermatitis (13.4%). All group divided into subgroups depending on the severity of chronic itch using a computer gadget "Electronic Calculator of chronic itching": with low level, n=42 (31.3%); mild level, n=55 (41.0%); severe level, n=37 (27.6%). In research for measuring psycho-emotional state of patients used Symptomatic questionnaire by Alexanrovich.

Results: The severity of psychopathological symptoms increased in the direction from low to high severity of itching for each of the investigated components. In dermatologic patients growing intensity of chronic itch accompanied by an increasing severity of psychopathological symptoms. The low severity of itch caused situational changes such as tension, irritability, decreased concentration, mood level, sleep disturbance, while the mild - caused the formation of persistent anxiety, about current disease and general health, an exacerbation of emotional reactions, an increasing uncertainty, interpersonal problems. The high severity of itch characterized by anxious-depressive mood, hypochondria, emotional dramatization, uncertainty, loneliness, low self-sufficiency, lack of control under the situation, interpersonal difficulties.

Conclusions: A research feature of psycho-emotional state and definition targets of psychological help is an important component of psychological help for patients in dermatology with chronic itch.

Conflict of interest: No

Keywords: chronic itch; psycho-emotional disorders

EPV0353

Psychosocial assessment in heart transplant. A literature review and a case report

I. López Álvarez¹, Á. Palao^{2*}, M. Torrijos³, J. Curto Ramos⁴ and A. Svintitckaia¹

¹HOSPITAL UNIVERSITARIO LA PAZ, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain; ²HOSPITAL

UNIVERSITARIO LA PAZ, Psiquiatria, MADRID, Spain; ³Psychiatry and Mental Health Department La Paz Hospital., Psychiatry, MADRID, Spain and ⁴La Paz University Hospital, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Psychosocial assessment plays a key role along the whole process of heart transplant. This assessment provides the chance to early identify patients in risk of suffering psychopathological issues that may endanger the rehabilitation process. SIPAT Scale (Stanford Integrated Assessment for Transplant) has been proved to be a valid tool to evaluate patients undergoing a heart transplant process. SIPAT assess 20 different and relevant components about patients, classifying candidates with a final score of eligibility.

Objectives: The aim of this poster is to review the use of SIPAT Scales in heart transplant, as well as presenting a case of a young woman suffering from congenital heart disease awaiting to be transplanted describing the assessment process that took place by the Mental health Service in liaison with Cardiology Service of a General Hospital.

Methods: We review recent literature in medical database PubMed with keywords "heart transplant" AND "assessment". We selected papers for their relevance to the topic. We describe the liaison process between clinical services and explain the assessment process of the patient using SIPAT and clinical tools such as non-structured Clinical and family interviews.

Results: A comprehensive full assessment was carried out by Mental Health Clinicians so the patient could be included in the transplant waiting list.

Conclusions: SIPAT is a reliable tool for psychosocial assessment in patients waiting for a heart transplant, although a comprehensive clinical assessment should also be carried out. Liaison among different clinical services in general hospitals is key to the wellbeing and attention to patients.

Conflict of interest: No

Keywords: psychosocial assessment; heart transplant

EPV0357

Delirium vs dementia: an approach since liaison psychiatry

G.M. Ruiz Martínez^{1*}, L. Soldado Rodríguez² and M. Solís³

¹Neurotraumatological Hospital, Mental Health Hospitalization Unit, Jaen, Spain; ²Neurotraumatological Hospital, Mir, Mental Health Unit, Jaen, Spain and ³COMPLEJO HOSPITALARIO DE JAEN, Psiquiatria, JAEN, Spain

*Corresponding author.

Introduction: Delirium is one of the most frequent cognitive disorders in hospitalized patients. Some studies reveal 20-40% of the hospitalized patients older than 60 years present this disorder during residence, leading them to ask for a psychiatry consult. Its cause is organic and multifactorial. The start is acute and has a fluctuating course defined by disturbances in attention, memory and orientation, together with perceptual abnormalities.

Objectives: Differential diagnosis between delirium and dementia through clinical case.

Methods: Patient with 61 years old is admitted in neurosurgery because of multiple cerebral secondary hemorrhages caused by craniocerebral traumatism. Consultation done due to agitation

and disorientation episodes, hallucinations and fluctuation levels of consciousness and attention. No psychiatric background. Alcoholism suspect. We suspect an acute delirium and initiate haloperidol and quetiapine with a partial response. Family member refers behavioral disorder and memory failures months before the trauma. His speech is perseverant, about the past and in some occasion confabulatory.

Results: Analysis: sodium 130: Hyponatremia can justify delirium; Cranial Ct: acute contusive hemorrhage foci in right temporal hemisphere, subdural right hematoma; Liaison Neurology: suspected alcoholic dementia. They referral to external consultations for study.

Conclusions: Delirium may syndromically resemble other disease or can appear concomitant thus it is necessary a differential diagnose to make a correct approach. Dementia has a progressive course, stable, without consciousness disturbances, less affected attention and finally, and disorientation appears in late stages.

Conflict of interest: No

Keywords: delirium; dementia; Liaison Psychiatry; differential diagnosis

EPV0358

Diagnostic and management challenges in an elderly male with neuropsychiatric manifestations of HIV and neurosyphilis

A. Selvaraj^{1*} and H.T. Tan²

¹Institute of Mental Health, Forensic Psychiatry, Singapore, Singapore and ²Institute of Mental Health, Developmental Psychiatry, Singapore, Singapore

*Corresponding author.

Introduction: HIV and Syphilis co-infection is relatively common. Both can lead to a cornucopia of psychiatric manifestations, particularly Neurosyphilis, resulting in diagnostic dilemmas. Managing such patients requires a multi-disciplinary, biopsychosocial approach that also addresses inherent risk issues and ethical complexities.

Objectives: We describe a case of newly diagnosed HIV and Neurosyphilis, presenting with depressive symptoms and persecutory delusions on a background of recent cognitive decline and mechanical falls.

Methods: Case Report

Results: A 67 year old gentleman presented to hospital with acute dyspnoea, on a background of short term memory loss with frequent falls over the past year. Pancytopenia noted during initial workup led to further investigations confirming the diagnoses of HIV and Neurosyphilis. He was referred to the liaison psychiatrist for low mood and suicidal ideation after learning of his diagnoses. Further history also revealed that he had been recently harbouring persecutory delusions and homicidal thoughts against his domestic helper. He was assessed to have Adjustment Reaction secondary to his newly diagnosed HIV and Neurosyphilis on a background of HIV Associated Neurocognitive Disorder. Pharmacotherapy for his HIV, Neurosyphilis and low mood was initiated and a comprehensive risk management plan drafted with the support of his family. The intensity of his persecutory delusions had significantly lessened by the time of his discharge.

Conclusions: A thorough evaluation for possible organic etiologies--especially sexually transmitted illnesses, in patients

presenting with non-specific 'mixed bag' of psychiatric symptoms is important; as is a comprehensive, inter-disciplinary clinical assessment that covers biopsychosocial, risk management and/or ethical issues in patients with neuropsychiatric disorders.

Conflict of interest: No

Keywords: HIV; consultation-liaison psychiatry; Neurosyphilis; Neuropsychiatric symptoms

EPV0362

When should an anti-NMDAR encephalitis be suspected in a patient with symptoms of mood disorder

G. Tsoukalis^{1*}, G. Kollias², S. Cebolla², A. Medina Lopez², D. Garcia Martínez², J. Curto Ramos², E. Cáceres Quintanilla¹, B. Rodríguez-Vega³, M.F. Bravo-Ortiz³, Á. Palao⁴ and I. López Álvarez⁵

¹Hospital Dr. Rodríguez Lafora, Psychiatry, Clinical Psychology And Mental Health, MADRID, Spain; ²La Paz University Hospital, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain; ³La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain; ⁴HOSPITAL UNIVERSITARIO LA PAZ, Psiquiatria, MADRID, Spain and ⁵HOSPITAL UNIVERSITARIO LA PAZ, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Anti-N-methyl-D-aspartate receptor (NMDAR) encephalitis, formally recognized in 2007, is more frequent than any other known paraneoplastic encephalitis. A 77.8% of patients are young female adults. In approximately 40% of the subjects, the disease is associated with an ovarian teratoma. The teratoma-associated cases are significantly more likely to present psychiatric symptoms than those without teratomas.

Objectives: We report the case of a 37-year old female patient who was admitted in the Neurology ward after presenting neurological features in combination with symptoms of mood disorder, insomnia and aggressive behavior. We aim to review the clinical features that should lead us to suspect an anti-NMDAR encephalitis in a patient with psychiatric symptoms.

Methods: A case reported is presented. A narrative review via scientific database (PubMed) was conducted.

Results: Our patient had previously suffered a virus encephalitis. At the beginning, she presented a non-specific prodromal phase with headache and fever, as well as abnormal behavior. She was admitted at the Neurology ward for follow-up. Later on, appeared insomnia, agitation, disorganized thinking, manic symptoms and autonomic instability. Anti-NMDAR encephalitis was confirmed with the detection of antibodies against the GluN1 subunit of the NMDAR in the CSF of the patient and an ovarian teratoma was found and removed.

Conclusions: When a patient without any psychiatric history presents a new-onset psychosis, especially in combination with dyskinesias, seizures, memory problems, decreased level of consciousness and/or catatonia, anti-NMDAR encephalitis should always be considered as a differential diagnosis.

Conflict of interest: No

Keywords: mood disorder; ovarian teratoma; maniac episode; anti-NMDAR encephalitis

EPV0366

Intramuscular aripiprazole as a safe drug in QT index prolongation in patients with acute confusion syndrome. Case report

P. Del Sol Calderón*, Á. Izquierdo De La Puente and M. Garcia Moreno

HOSPITAL UNIVERSITARIO PUERTA DE HIERRO
MAJADAHONDA, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: It is a 78-year-old male entering neurosurgery for arachnoid cyst resection. After surgery the patient presented an episode of agitation, that persists after two ampoules of intramuscular haloperidol 5 mg.

Objectives: The aim of this case is to show intramuscular immediate release aripiprazole as an effective and safe treatment for acute confusional syndrome in patients with prolonged QT interval.

Methods: Case report and literature review

Results: To the psychopathological exploration highlights psychomotor agitation, temporo-spatial disorientation with jaggy speech and visual hallucinations (insects). Infectious process or analytic alterations are ruled out. EKG is made with QTc index of 610. Intramuscular aripiprazole 9.75 mg is administered, progressively resolving the state of agitation. Aripiprazole is guided every 12 hours during admission without relapsing in symptoms of delirium. There was no prolongation in the QTc index during admission. The drug is removed before being discharged without decompensation.

Conclusions: Acute confusional syndrome is an organic entity whose initial treatment is to resolve the underlying somatic decompensation. In cases of severe situations (agitation, aggressiveness or major behavioral repercussion) should be treated. As a treatment, antipsychotics can be used. As an adverse effect, the risk of QTc prolongation or severe cases of torsade de pointes stands out. Aripiprazole has been shown to be one of the most cardioprotective antipsychotics with lower risk of QT index prolongation. The intramuscular formulation is shown as equally safe in these situations.

Conflict of interest: No

Keywords: aripiprazole; QT index; adverse effect; delirium

EPV0373

Lithium toxicity following sleeve gastrectomy

A. Trenton, A. Anam, R. Aziz, V. Chaguturu, M. Coluccio, K. Kaufman* and A. Tobia

Rutgers Robert Wood Johnson Medical School, Psychiatry, New Brunswick, United States of America

*Corresponding author.

Introduction: In 2016, 39% of adults worldwide were overweight and 13% were obese. The prevalence of obesity is significantly greater in patients with bipolar disorder versus controls, with an odds ratio of 1.65. Since patients with schizophrenia and bipolar disorders are known to be at increased risk for obesity compounded by pharmacotherapy, bariatric surgery may become a more common treatment option for this population. While bariatric surgery has been previously associated with reduced drug oral bioavailability due to changes in gastric pH, surface area, transit time, and

volume capacity, we present a case of lithium toxicity occurring three weeks after sleeve gastrectomy.

Objectives: To increase awareness regarding the potential for lithium toxicity following bariatric surgery.

Methods: Case report.

Results: A 29-year-old woman with Bipolar I Disorder, Unspecified Anxiety Disorder, and recent sleeve gastrectomy presented to the Emergency Department with altered mentation and lethargy for five days. Total daily doses of her psychotropic medications were: lithium 1050 mg, lurasidone 180 mg, trazodone 300 mg, and as needed lorazepam up to 3 mg. Three days prior to admission her lorazepam was changed from standing to as needed; otherwise her medications had not been changed following surgery. On admission, the patient was found to have a supratherapeutic lithium level (3.67 mmol/L) and an elevated creatinine (1.4 mg/dl) and received multiple fluid boluses and required hemodialysis.

Conclusions: The pathophysiology of lithium toxicity after bariatric surgery, particularly after restrictive procedures, remains unclear. We suggest that therapeutic drug monitoring be performed regularly for patients on lithium after bariatric surgery to prevent toxicity.

Conflict of interest: No

Keywords: bariatric surgery; lithium toxicity

EPV0374

Psychotic relapse after hepatitis C treatment with sofosbuvir and velpatasvir: a case report and literature review

C. Llach^{1*}, L. Ilzarbe¹, N. Arbelo¹, N. Aranda², P. Barrio³, M. Marfá⁴ and P. Guzman³

¹Institute of Neuroscience/Hospital Clinic de Barcelona, Psychiatry And Psychology, Barcelona, Spain; ²Hospital Regional de Chepo, Psiquiatría, Chepo, Panama; ³Addictive Behaviors Unit/Hospital Clinic de Barcelona, Psychiatry And Psychology, Barcelona, Spain and ⁴Hospital Clinic de Barcelona, Clinical Pharmacology, Barcelona, Spain

*Corresponding author.

Introduction: Recently, Direct Antiviral Agents (DAA) have increased access to treatment for chronic Hepatitis C infection in patients with Schizophrenia, who previously were frequently excluded from IFN-based antiviral therapy, despite a higher relative prevalence of HCV among this group. Sofosbuvir/velpatasvir is the first DAA treatment indicated for the six major forms of HCV. We report for the first time the case of an institutionalized patient diagnosed with schizophrenia in remission developing a severe psychotic relapse after being treated with sofosbuvir/velpatasvir for VHC infection. He presented a poor clinical response to clozapine and electroconvulsive therapy and remitted only with the removal of the DAA.

Objectives: To report the association between the administration of sofosbuvir/velpatasvir and an acute psychotic episode in a patient with schizophrenia with residual symptoms, with a literature review of the issue.

Methods: We carried out a literature review in Pubmed, selecting those articles focused on psychiatric side effects associated to Direct Antiviral Agents.

Results: Previous scientific literature, including the pivotal clinical trials performed to register sofosbuvir and sofosbuvir/velpatasvir, focuses on either a previously mentally healthy population or

patients with non-psychotic disorders, showing few, mild adverse effects. Only a few communications address the subpopulation of patients affected from psychotic disorders.

Conclusions: We considered some possible mechanisms that could explain our patient acute psychosis. First, possible pharmacokinetic changes brought by DAA initiation, in relation to antipsychotic metabolism. Second, the treatment may have produced some psychiatric side-effects, which in context of a vulnerable patient, could have led to the decompensation. Finally, DAA may have directly affect the neurobiological mechanisms underlying the patient illness.

Conflict of interest: No

Keywords: schizophrenia; hepatitis C; Direct Antiviral Agent; sofosbuvir/velpatasvir

EPV0376

Prevalence and associated factors of depressive disorder in lung cancer patients received chemotherapy at the chemotherapy unit: a cross-sectional study

B. Maneeton^{1*}, N. Maneeton¹, U. Kitirungsang¹, K. Eurviriyankul¹, J. Reungyos¹, M. Srisurapanont¹, B. Chewaskulyong², P. Woottikul³, W. Wanaratwichit⁴, P. Varnado¹, P. Traisathit⁵, N. Homnan⁵, W. Bunyatissai⁵ and S. Kawilapat¹

¹Chiang Mai University, Department of Psychiatry, Faculty of Medicine, Chiang Mai, Thailand; ²Chiang Mai University, Department of Medicine, Faculty of Medicine, Chiang Mai, Thailand; ³Chiang Mai University, Department of Psychiatric Nursing, Faculty of Nursing, Chiang Mai, Thailand; ⁴Chiang Mai University, Chemotherapy Unit, Maharaj Nakorn Chiang Mai Hospital, Faculty of Medicine, Chiang Mai, Thailand and ⁵Chiang Mai University, Department of Statistics, Faculty of Science, Chiang Mai, Thailand

*Corresponding author.

Introduction: There are few studies focusing on associated factors influencing depression development in the lung cancer population.

Objectives: The aim of this study was to determine the prevalence of depressive disorder and to identify associated factors for depressive disorder development in lung cancer patients at a one-day chemotherapy unit.

Methods: This cross-sectional study was conducted at a one-day chemotherapy unit of Maharaj Nakorn Chiang Mai Hospital, which is a University hospital of Chiang Mai University, Thailand. Patients with all stages of lung cancer who plan to receive chemotherapy were included in this study. Demographic data of eligible patients were gathered. The Mini-International Neuropsychiatric Interview, Thai version 5.0.0 and the Patient Health Questionnaire - 9 (PHQ-9) were used to identify depressive episode.

Results: A total of 139 lung cancer patients from the outpatient clinic from February to October 2015 were approached. The 136 patients were included and analyzed in this study. Based on the Mini-International Neuropsychiatric Interview and the PHQ-9, 6.7 % of them were defined as having depression (ranged from mild to severe). Thirteen (9.6%) of patients also had minimal symptoms of depression. Binary regression analysis revealed that having economic problems, brain metastasis, chemotherapy-naïve, and increased score of Chalder Fatigue Scale were significantly associated to a higher risk of depressive disorder in lung cancer patients.

Conclusions: Depressive disorder is more prevalent in lung cancer patients. In addition, having economic problems, brain metastasis, chemotherapy-naïve, and fatigue may increase associated depressive disorder. Because of the small sample size, further studies should be conducted to confirm these results.

Disclosure: Acknowledgments We thank all the patients who participated as well as all staff who involved in this study. We would like to thank the Faculty of Medicine, Chiang Mai University, which provided the grant funding for this study. We also thank for Chiang Ma

Keywords: Depressive disorder; lung cancer; prevalence

EPV0377

Coping with breast cancer - the experience of a specialized liaison psychiatric consultation

D. Mota^{1*}, L. Oliveira² and L. Ribeiro²

¹Centro Hospitalar Vila Nova de Gaia/ Espinho, Psychiatry And Mental Health, Vila Nova de Gaia, Portugal and ²Centro Hospitalar Vila Nova de Gaia/Espinho, Serviço De Psiquiatria, Vila Nova de Gaia, Portugal

*Corresponding author.

Introduction: The emotional impact of breast cancer trajectory has been widely studied. In Portugal about 11 women are diagnosed with breast cancer each day and the vast majority will survive the disease. The literature describes widely varying prevalence of psychopathology. The Departments of Liaison Psychiatry and Surgery at Vila Nova de Gaia/Espinho Hospital Center (CHVNG/E) have a joint protocol whereby all patients undergoing breast cancer surgery are evaluated in a psychiatric consultation. Recently this protocol has been restructured to include a group moment of a psycho-educational and psychotherapeutic nature whose purpose also includes screening which patients may benefit from individualized support.

Objectives: Describe a protocol between Liaison Psychiatry and Surgery Departments for patients with breast cancer. To evaluate the characteristics of breast cancer patients in terms of psychopathology and the need for psychiatric follow-up.

Methods: All patients undergoing breast cancer surgery were referred for individual psychiatric consultation. Results will be described in terms of diagnosis and clinical guidance.

The characteristics of the group consultation will also be described.

Results: A high percentage of patients were discharged at the first visit because there was no psychopathology that required specialized psychiatric support.

The creation of the group consultation allowed not only the existence of a psycho-educational aspect but also a better management of existing medical resources.

Conclusions: These protocol follows the recommendations for regular psychological screening in breast cancer patients. The care plan includes articulation between professionals and allowed us to understand that most women have adequate coping.

Conflict of interest: No

Keywords: consultation liaison psychiatry; breast cancer; Coping; psychooncology

EPV0379

Neurotoxicity and depression symptomatology changes in patients with chronic hepatitis C after viral cure with direct-acting antivirals

R. Navines^{1*}, S. Cañizares¹, C. Bartres², L. Nacar¹, S. Lens², S. Rodriguez-Tajes², J.C. Pariente³, E. Muñoz-Moreno³, M. Cavero¹, N. Bargallo³, X. Forn², Z. Mariño², L. Capuron⁴ and R. Martin-Santos¹

¹Hospital Clinic, UB, IDIBAPS, CIBERSAM, Psychiatry And Psychology, Barcelona, Spain; ²Hospital Clinic, UB, IDIBAPS, CIBERehd, Liver Unit, Barcelona, Spain; ³Hospital Clinic, IDIBAPS, Neuroradiología, Servicio Radiología. Magnetic Resonance Image Core Facility., Barcelona, Spain and ⁴University of Bordeaux, Inra, Nutrition And Integrative Neurobiology Laboratory (nutrineuro), Bordeaux, France

*Corresponding author.

Introduction: Chronic hepatitis C (CHC) infection is considered a systemic disease with extrahepatic manifestations, mainly neuropsychiatric symptoms. Hepatitis C virus (HCV) eradication, currently achieved in >95% of cases with direct-acting antivirals (DAA).

Objectives: The aim of this study was to evaluate depression and neurotoxicity symptoms changes in CHC-patients, after HCV eradication with DAA.

Methods: Prospective inclusion of HCV-infected patients aged 18-55 years old receiving DAA. We included also 25 healthy controls of similar age, gender and education. At baseline all were assessed though the MINI Interview (DSM-IV) to exclude current psychiatry diagnosis; socio-demographic questionnaire, depression scales (PHQ-9, MADRS) and the Neurotoxicity rating scale. At 12 weeks after end-of-treatment, cases were assessed again: PHQ-9, MADRS, and Neurotoxicity scales.

Results: Twenty-one CHC-patients and 25 controls were included in the study. Among patients: 52% female, median age 46, 95% Caucasian, mainly infected with GT1(71.4%), viral load 6.03 log₁₀(IU/L). All patients achieved a substained virological response (SVR) at 12 weeks after end-of-DAA treatment. At baseline, cases and controls showed differences: MADRS 2.90 (2.3) vs. 0.36(0.6), p<0.000; PHQ-9: 5(4) vs 2(2), p<0.000; Neurotoxicity rating scale: 23(16) vs 8(8), p<0.000. At SVR, cases showed an improvement in all depression and neurotoxicity rating scales: MADRS: 2.90(2.3) vs 2.7(2), p=0.007; PHQ-9: PHQ-9: 5(4) vs 2(2), p=0.001; and Neurotoxicity rating scale: 23 (16) vs 10 (14), p=0.002.

Conclusions: Patients with chronic hepatitis C showed a significant improvement of neuropsychiatric manifestations after viral cure with direct-acting antivirals. This study has been done in part with grants: ICIII,FIS:PI17/02297(RMS)and the FEDER"one way to make Europe)and Gilead fellowship(ZM).

Disclosure: This study has been done in part with grants: ICIII,FIS: PI17/02297(RMS)and the FEDER"one way to make Europe)and Gilead fellowship(ZM).

Keywords: neurotoxicity; Dépression; direct-acting antivirals; chronic hepatitis c

EPV0381

Gender differences in adherence to a psychoeducational group in a cardiac rehabilitation patients sample

V. Martin-Muñoz, L. Aguilar Sanchez, P. Muela De Blas, R. De Alarcón Gómez, F. Del Campo Bujedo, M.J. Velasco Cañedo, C. Oreja Sánchez and C. Roncero Alonso*

Hospital Clínico Universitario de Salamanca, Servicio De Psiquiatría, Salamanca, Spain

*Corresponding author.

Introduction: The benefits of the educational component in Cardiac Rehabilitation programs are well known. A clinical psychologist has been incorporated to the Cardiac Rehabilitation Program Hospital Clínico de Salamanca (CAUSA) with the aim of spreading knowledge about psychological risk factors and improving emotional management. In order to achieve this goal, it is required that the patients have an adequate adherence to the intervention.

Objectives: Patients with moderate-high levels of anxiety (HAD>8) and/or subjective stress were included in a psychoeducational group about psychological risk factors related to cardiovascular disease. The goal of the study is to know the adherence to the intervention and if there are any gender differences.

Methods: The patients referred to the group attended 6 sessions lasting 1h 15' each on a fortnightly basis, which were ran by a clinical psychologist. The sessions have a psychoeducational format of cognitive-behavioral orientation and contain information on stress, anxiety and type A personality. Adherence to the intervention and the differences according to gender have been analyzed with the SPSS program (Independent Samples Test; Student t)

(table 1)

	Gender	N	Average	t.d
Percentage sessions	Men	29	58,62	31,06
	Women	11	78,79	15,07

(table 2)

	t	Sig
Percentage sessions	-2,052	0,047

Results: Women show greater adherence to intervention than men (table 1), these being statistically significant (table 2).

Conclusions: Significant gender differences were found. In order to improve the effectiveness of the intervention, it is necessary to find strategies that increase patient motivation and improve therapeutic adherence, especially in men.

Conflict of interest: No

Keywords: CARDIAC; rehabilitation; Intervention; PSYCHOLOGICAL

EPV0382

Diagnosis differences between departments which request psychiatry liaison service consultation.

A. Trabsa^{1*}, F. Casanovas², À. Arroyo², A. Pérez Oms³, P. Salgado² and S. Oller Canet³

¹Autonomous University of Barcelona, Department of Psychiatry And Legal Medicine, Barcelona, Spain; ²Parc de Salut Mar, Institut De Neuropsiquiatria I Adiccions, Barcelona, Spain and ³Institut de Neuropsiquiatria i Adiccions (INAD)- Parc Salut Mar. Barcelona, Spain, Psychiatry, Barcelona, Spain

*Corresponding author.

Introduction: In general hospitals the presence of mental health disorders in hospitalized patients is a common problem.

Patients with comorbid mental illnesses display increased morbidity and mortality and thus leads to an increased risk of prolonged and repeated hospital stays.

Objectives: The aim of this study is to describe in a general hospital which departments request Psychiatry Liaison service consultation and sociodemographic and clinical characteristics of the assessed patients.

Methods: Consecutive consultations to a Liaison Psychiatry Service of a General Hospital (Hospital del Mar, Barcelona) were registered from August 2018 to August 2019 with a total sample of 373. Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through an “ad hoc” questionnaire. Database information was completed with electronic medical records. Comparative analysis was performed with IBM SPSS Statistics (Chicago INC) using Chi-Square Test for qualitative variables and t-Student test for continuous variables.

Results: From a total of 373 consultations, 30(8.0%) were from Internal medicine department, 26(7%) general surgery, 27(7.2%) Pneumology, 58(15.5%) Emergency department, 29(7.8%) Nephrology, 19(5.1%) Cardiology, 18(4.8%) Oncology, 15(4.0%) Intensive care unit, 17(4.6%) Anaesthesiology, 16(4.3%) Neurology, 15(4.0%) Infectious disease, among others. The most diagnosis treated was adjustment disorder(21.2%) and acute confusional syndrome (17.3%) with significant differences between services.

Conclusions: According to our results there are differences in mental health diagnosis depending of consultant department in our general hospital. Thus, it is important to apply specific programs and adjust protocols in each department to improve mental health patient’s assessment.

Conflict of interest: No

Keywords: LiaisonPsychiatry; psychosomatics; Consultation; generalhospital

EPV0383

Interruption of psychopharmacologic treatment in general hospital comparing surgery and internal medicine hospitalized patients.

A. Trabsa^{1*}, F. Casanovas², À. Arroyo², A. Pérez Oms³, P. Salgado² and S. Oller Canet³

¹Autonomous University of Barcelona, Department of Psychiatry And Legal Medicine, Barcelona, Spain; ²Parc de Salut Mar, Institut De Neuropsiquiatria I Adiccions, Barcelona, Spain and ³Institut de Neuropsiquiatria i Adiccions (INAD)- Parc Salut Mar. Barcelona, Spain, Psychiatry, Barcelona, Spain

*Corresponding author.

Introduction: Physicians in general hospitals are frequently faced with decisions regarding the psychopharmacologic management of medically ill patients, yet receive limited psychiatric training and leading to interruption of psychiatric treatment. Literature demonstrate high rates of relapse when medications are discontinued in patients suffering from schizophrenia, mood and anxiety disorders.

Objectives: The aim of this study is to compare interruption of psychopharmacologic treatment in a general hospital between surgery department and Internal medicine department.

Methods: 373 consecutive consultations to a Liaison Psychiatry Service of a General Hospital (Barcelona) were registered during 1year. Consultations from Surgery and Internal Medicine departments were selected with a total sample of 56. Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through an “ad hoc” questionnaire. Database information was completed with electronic medical records. Comparative analysis was performed with SPSS using Chi-Square Test for qualitative variables and t-Student test for continuous variables

Results: From a total of 373 consultations, 30%(8.0%) were from Internal medicine department and were from 26(7%) general surgery. The diagnosis found were similar in both departments. Interruption of treatment was detected in 17.24% of the Internal Medicine consultations and 18.18% of the Surgery consultations. The treatment most interrupted were antidepressants(55.5% from total interrupted treatments).

Conclusions: According to our results there are differences in treatment interruption between psychotropic drugs and internal Medicine and surgery admissions. It is important to apply specific programs and adjust protocols in each department, involving Psychiatry Liaison service to help physician making complex psychopharmacologic decisions and to improve mental health patient’s treatment.

Conflict of interest: No

Keywords: treatment; Antidepressants; psychosomatics; LiaisonPsychiatry

EPV0384

Pernicious anemia revealed by a young onset dementia

A. Boualame^{1,2*}, F.Z. Elfahiri², I. Adali^{2,3}, F. Manoudi² and F. Asri^{2,3}

¹Vichy Hospital, Psychiatry, Vichy, France; ²Mohammed VI University Hospital, Psychiatry, Marrakech, Morocco and ³Equipe de recherche pour la santé mentale, service de psychiatrie, Hôpital Ibn Nafis, CHU MARRAKECH, Psychiatry, Marrakech, Morocco

*Corresponding author.

Introduction: Young-onset dementia, defined as occurring before the age of 45, represents a difficult situation with severe social consequences. It’s characterized by a more diverse range of sometimes reversible aetiologies compared with old-onset dementia.

Objectives: Our objective is to illustrate, through a clinical vignette, a curable etiology of young-onset dementia : vitamin B12 deficiency secondary to a Biermer disease.

Methods: case report.

Results: Vignette: Mr. YB, 40 years old, without any significant toxic antecedent, is brought to the psychiatric consultation for memory and concentration difficulties with progressive social decline. The psychiatric interview has found a psychomotor retardation and a poor speech as well as a depressed mood. A manifest dementia was identified with a confusion note, an initial MMSE at

12/30. The general examination noted cutaneous pallor but neurological examination noted only paresthesia reported later by the patient. The blood count revealed anemia with a macrocytosis. Serum vitamin B12 was low. The diagnosis of vitamin B12 deficiency secondary to Biermer's disease was retained. After vitamin substitution, the evolution was marked by a dramatic improvement from the second week. The patient was able to resume his autonomy and his work. MMSE went to 26 after a single month with improved mood without any antidepressant.

Conclusions: The young age of our patient, the revelation of his anemia by isolated dementia and his favorable response to the substitution treatment makes his observation an original case. Thinking about vitamin B12 deficiency in the presence of dementia or any atypical neuropsychiatric disease, especially in young people, should be systematic.

Conflict of interest: No

Keywords: Vitamin B12; Young-onset dementia; pernicious anemia

EPV0385

Psychiatric manifestations revealing limbic encephalitis: case report

M. Gharmoul¹, Z. Bouzaabia^{2*}, B. Amamou³, A. Ben Haouala³, B. Ben Mohamed³, A. Mhalla³ and L. Gaha⁴

¹fattouma bourguiba hospital, Monastir, Psychiatry Department, monastir, Tunisia; ²Farhat Hached Hospital, Sousse, Tunisia, Psychiatry Department, SOUSSE, Tunisia; ³Fattouma Bourguiba Hospital, Psychiatric Department, Monastir, Tunisia and ⁴University Hospital, Psychiatry, Monastir, Tunisia

*Corresponding author.

Introduction: Psychiatric symptoms of late onset are often atypical and organic origin remains to be eliminated at first. However, some of these somatic etiologies remain poorly understood and multi-disciplinary management is necessary.

Objectives: To highlight the difficulties of diagnosis and treatment of behavioral disorders that have appeared at a late age.

Methods: We will illustrate the case of a man hospitalized for the first time in the psychiatric ward of Monastir at the age of 48 for behavioral disorders.

Results: Mr. W.B., 48, a high school graduate, married and has no psychiatric or somatic history. For a year, there has been the installation of behavioral disorders, a motor instability with a professional disinterest. He consulted a psychiatrist and he was put under amisulpiride 400mg / day. In front of no improvement, he was hospitalized in the psychiatric ward but no psychiatric syndrome was objectified. Given this atypicality of the table, the hypothesis of a somatic cause was strongly evoked: neurocognitive tests found attention deficit and the PM38 test was less than 5 percentile. Cerebral MRI showed bilateral left signal anomalies of the internal temporal region and hippocampal lesions on the left, suggestive of encephalitis. The autoimmune origin has been strongly suspected and the determination of "onco-neuronal" antibodies and specifically the assay of anti Ma1 and anti Ma2 antibodies were positive.

Conclusions: These elements lead us to evoke an autoimmune encephalitis, in case of atypical psychotic syndrome, of organic origin, which could then respond to an immunotherapy.

Conflict of interest: No

Keywords: Psychiatric; behavioral; disorders; limbic encephalitis; diagnosis

EPV0386

Somatic complications in hospitalized patients with psychiatric comorbidity in a general hospital; a descriptive study.

F. Casanovas^{1*}, A. Trabsa², F.N. Dinamarca Cáceres¹, À. Arroyo¹, A. Pérez Oms¹, P. Salgado¹ and S. Oller Canet¹

¹Parc de Salut Mar, Institut De Neuropsiquiatria I Adiccions, Barcelona, Spain and ²Autonomous University of Barcelona, Department of Psychiatry And Legal Medicine, Barcelona, Spain

*Corresponding author.

Introduction: Psychiatric liaison services are important providers of diagnosis and treatment for hospital patients with mental comorbidities and medically ill. Several studies have observed that patients with psychiatric comorbidities had a longer length of stay. However, further research is needed to study the association between psychiatric diagnosis and complications during the hospitalization.

Objectives: The aim of this study is to describe the presence of somatic complications in hospitalized patients with psychiatric comorbidity in a General Hospital in Barcelona

Methods: Consecutive consultations to a Liaison Psychiatry Service of a General Hospital (Hospital del Mar, Barcelona) were registered from January 2018 to December 2018 with a total sample of 373. Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through an "ad hoc" questionnaire. Database information was completed with electronic medical records. Comparative analysis was performed with IBM SPSS Statistics (Chicago INC) using Chi-Square Test for qualitative variables and t-Student test for continuous variables.

Results: From a total of 373 consultations, the most frequent diagnosis were: adjustment disorder with depressed mood (21.6%), acute confusional syndrome (17.6%), normal stress reaction (9.8%) and adjustment disorder with mixed symptoms (9.8%). The psychiatric diagnosis most related to somatic complications were adjustment disorder with anxiety and adjustment disorder with mixed symptoms. Significant differences were found between the consultation services and the presence of somatic complications.

Conclusions: We must consider to perform specific programmes and protocols in patients with psychiatric comorbidities in order to decrease the somatic burden on these patients

Conflict of interest: No

Keywords: comorbidity; somatic complications; length of stay

EPV0387

Motivation and perfectionism in middle-age patients with essential hypertension

E. Pervichko, A. Podstreshnaya and J. Koniukhovskaia*

Lomonosov Moscow State University, Faculty of Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: Researchers have traditionally noted the motivational ambivalence of patients with (EH). However, there is a lack of data on correlation of hierarchy of motives with perfectionism in EH patients.

Objectives: To conduct a comparative analysis of direction and power of motives and the perfectionism structure in EH patients compared to healthy individuals.

Methods: TAT by H.Heckhausen, Multi-Motive Grid (Sokolowski, et al., 2000), Perfectionism Questionnaire (Flett, et al., 1994). The study involved 56 naive middle-age patients with EH, stage 1-2, average age is $51,1 \pm 6,6$ and 54 normotensive persons, average age is $47,9 \pm 6,2$.

Results: 1. EH patients differ from healthy individuals in total perfectionism (186.76 ± 39.47 vs 170.42 ± 24.74 ; $p \leq 0,05$) and other-oriented perfectionism (56.42 ± 13.57 vs 68.14 ± 18.43 ; $p \leq 0,05$). 2. EH patients show prevalence of “fear of failure” over “hope for success” (-3.43 ± 4.82 vs 7.39 ± 5.65 ; $p \leq 0.01$), and lower overall level of achievement motivation (16.68 ± 4.16 vs $18,91 \pm 4,9$; $p \leq 0,05$); increased level of “fear of power” (6.90 ± 2.98 vs 5.48 ± 2.67 ; $p \leq 0,001$) and “fear of rejection” (6.90 ± 2.23 vs $4.94 \pm$, $p \leq 0,05$). 3. In EH patients, several significant correlations ($p \leq 0,05$) were found: between “fear of power” and such variables as “fear of rejection” (0.629), and “fear of failure” (0.532), “social prescribed perfectionism” (-0.516) and “total perfectionism” (0-.449), as well as “hope for success” (-0.464). 4. For healthy individuals there was only one significant correlation: between “socially prescribed perfectionism” and “fear of failure” ($r=0.356$, $p \leq 0,05$).

Conclusions: The results helps broaden our vision of the psychological correlations in EH.

The research was supported by RFBR; project № 17-06-00954.

Disclosure: The research was supported by RFBR; project № 17-06-00954.

Keywords: Power motive; Affiliation motive; Achievement motive; Essential hypertension

EPV0388

Are there any differences in emotional control in cardiovascular patients?

O. Nikolaeva¹, E. Nikolaeva^{2*}, A. Bogdanov², E. Lazareva³ and G. Dulina³

¹Chuvash Republic Cardiology Clinic, Cardiosurgery Unit, Cheboksary, Russian Federation; ²Ulianov Chuvash State University, Faculty of Medicine, Cheboksary, Russian Federation and ³Ulianov Chuvash State University, Social And Clinical Psychology Department, Cheboksary, Russian Federation

*Corresponding author.

Introduction: Strict emotional control in patients is associated with negative clinical effects in cardiological practice. Are there any specifics in emotional control in cardiovascular patients?

Objectives: The goal of the study was to find the difference in emotional expression control in cardiovascular patients of various nosological groups.

Methods: The study involved 233 cardiac patients (60 with essential hypertension, 56 with valvular heart disease, 69 with stable coronary heart disease (SCHD), 48 with acute myocardial infarction (AMI)). The measuring instrument was Ban on the Emotional Expression questionnaire (Zaretsky & Kholmogorova).

Results: The general level of ban on the emotional expression in all cardiovascular patients is significantly higher ($p=0.0001$) as compared to healthy people. Higher emotional control covered the whole spectrum of emotions except sadness ($p=0.076$). One-factor variance analysis showed credible differences among the groups in control of expressing fear ($p=0.034$), joy ($p=0.019$), sadness ($p=0.016$), and the general ban on expressing positive and negative emotions ($p=0.003$). Comparing the indices shown by SCHD and

AMI patients we revealed that the level of the aggregate emotional control is credibly higher in AMI patients ($p=0.0001$), while SCHD patients were distinguished by a higher ban on anger expression ($p=0.0315$). In AMI patients, we revealed significant interrelations between the general emotional control and high blood pressure ($r=0.35$), between the ban on expressing sadness and diabetes mellitus ($r=0.30$).

Conclusions: The findings highlight essential differences in emotional control in cardiovascular patients of various nosological groups, which underscores the importance of considering this specificity when planning prevention and treatment.

Conflict of interest: No

Keywords: emotional expression; emotional control; cardiovascular patients; Prevention

Cultural psychiatry

EPV0390

Pharmacological treatment in mental health resources. Are there differences between the united states and spain?

M. Batalla Monedero^{1*}, E. Rodríguez Soria² and D. Carracedo Sanchidrián³

¹Hospital La Fe, Psychiatry, Valencia, Spain; ²Hospital Universitario de Fuenlabrada, Psychiatry, Fuenlabrada, Spain and ³Hospital Universitario la Paz, Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Psychopharmacological treatment varies depending on clinical features of patients, health systems and psychosocial or environmental characteristics.

Objectives: Compare psychopharmacological treatment in patients from the USA and Spain, according to their disorder and socio-sanitary circumstances.

Methods: Descriptive analysis of a sample of 172 patients. Socio-demographic and diagnostic data were collected during the rotation period of rotation of three mental health residents. Diagnosis, pharmacological treatment, comorbidity, substance abuse and mental health history are compared.

Results: A sample of 172 patients between 16 and 85 years old (73 from Roberto Clemente Center – Gouverneur Hospital (USA), 33 from Fuencarral Health Center – Hospital La Paz (Madrid), 33 from Trinitat Mental Health Center – Hospital Universitario y Politécnico La Fe and 33 from El Arroyo Specialty Center – Hospital Universitario de Fuenlabrada) was analyzed. From Roberto Clemente Centre, 8% of patients were treated with antipsychotics, 10% with anxiolytics, 33% with antidepressants and 12% with mood stabilizers. From Spanish Centers, 15% of patients were treated with antipsychotics, 45% with anxiolytics, 34% with antidepressants and 8% with mood stabilizers. In Roberto Clemente Center, there is a larger sample of patients without treatment than the sample in Spanish Centers.

Conclusions: Differences observed between the variable distribution of treatment may be related with the process of making an diagnosis (influenced by cultural and sociodemographic factors), the prescribing doctors and the different types of Mental Health resources offered in Spain and in the USA (National health service

versus Medical insurances). Further conclusions will be drawn from wider and more complex studies.

Conflict of interest: No

Keywords: polipharmacy; psychopharmacology; Cultural Psychiatry; Sociodemographic factors

EPV0391

The me, me, me generation is now the new normal

J. Bellotti¹, S. Granatto², G. Toniolo² and G. Corti^{3*}

¹Universidad del Museo Social Argentino, Posgrado: Psiquiatría Perinatal, Ciudad Autónoma de Buenos Aires, Argentina; ²Universidad del Museo Social Argentino, Formación Continua, Ciudad Autónoma de Buenos Aires, Argentina and ³Universidad del Museo Social Argentino, Posgrado: Psiquiatría Perinatal, Ciudad Autónoma de Buenos Aires, Argentina

*Corresponding author.

Introduction: The Millennial paradigm shift occurring worldwide, has become quite extreme in Argentina where being heterosexually active, married with children, and trying to work oneself way up at a company or career is stigmatized as “not normal”.

Objectives: To discuss the etiology and approach of said cultural revolution of the self.

Methods: The lack of literature prompted the authors' to give their own opinion and summon other psychiatrists' points of view to delineate the future of Mental Health.

Results: The Millennials are the result of Baby Boomers ambition and desire to work and rebuild a conservative, rigid society after World War II; Generation X's skeptical but self-sufficient survivors of a dictatorial regime who committed terrible crimes against humanity; a Me Generation product of multigenerational PTSD individuals that share with the Millennials having been raised with an unlimited freedom, as well as a need to adapt to a new psychosocial, environmental, political and economic model, in a digital era of emotional and intellectual peer domination, that has given substance to and thus, intensified, narcissistic, antisocial and a whole new dimension of personality disorders, addictions and psychotic behaviors. Anxiety and panic disorders have increased together with suicidal attempts at earlier ages, while these chronically adolescent generation live to accept the banality of everyday existence.

Conclusions: Lack of freedom and excess of it cause evolutionary negative results. Epigenetic modifications of DNA function, responsible for novel SNS pathways and structural brain-mind modifications must be addressed to guide clinical decision making.

Conflict of interest: No

Keywords: Socio-Cultural Paradigm Shift; Novel mental health disorders; Me; Me; Me Generation; Millennial

EPV0393

Do you speak my language? Exploring the differences between two psychiatrists' intracultural and intercultural countertransference while treating the same patient, a case study

I. Gjonbalaj* and S. Labib

Montefiore Department of Psychiatry and Behavioral Sciences, Psychiatry, Bronx, United States of America

*Corresponding author.

Introduction: Understanding the cultural experiences of both the patient and the clinician is a vital part of the therapeutic alliance and can help clinicians better understand their own cultural countertransference. We discuss a case of a 35-year-old Albanian man with alcohol-use disorder who presented to the emergency room of an American urban hospital following a highly lethal suicide attempt. Two psychiatry trainees provided treatment to the patient at different points during his admission, one who shared the cultural background of the patient (intracultural) and the other who did not (intercultural). We examined the impact of both intracultural and intercultural countertransference on the psychiatrist and the patient in an academic setting.

Objectives: To examine the differences between intercultural and intracultural countertransference in the evaluation, understanding, and treatment of a patient following a suicide attempt.

Methods: This is a case report and description of the cultural countertransference of two clinicians.

Results: Through both individual and group supervision, the psychiatry trainees were given a space to explore their intercultural and intracultural countertransference, highlighting the patient's perceived guardedness and disengagement with the therapeutic process, as well as denial of the severity of his illness. The trainees were able to process how their own personal understandings of stigma, cultural gender roles, and self-disclosure in the Albanian community contributed to their countertransference.

Conclusions: Through an individual case study, we highlight the importance of incorporating discussions of both intercultural and intracultural countertransference into academic psychiatric supervision. Understanding the powerful role of cultural countertransference is necessary in the delivery of culturally competent care.

Conflict of interest: No

Keywords: cultural psychiatry; countertransference; case study

EPV0394

Examining the factor structure of the russian translation of the general health questionnaire-12 (GHQ-12) among a sample of russian university students

T. Chuykova¹, J.A. Malik² and C.A. Lewis^{3*}

¹Bashkir State Pedagogical University, Psychology, Ufa, Russian Federation; ²Quaid-i-Azam University, National Institute of Psychology, Islamabad, Pakistan and ³Leeds Trinity University, Social And Behavioural Sciences, Leeds, United Kingdom

*Corresponding author.

Introduction: The General Health Questionnaire (GHQ) is a widely used measure of general mental health and has been developed in a variety of different lengths (GHQ-12, GHQ-28, GHQ-48) and languages (e.g., English, French, German, and Russian). Previous research that has examined the factor structure of the GHQ-12 has been somewhat equivocal, with one-, two-, and three-factor structures being reported in different studies.

Objectives: The aim of the present study was to examine the factor structure of the Russian translation of the General Health Questionnaire-12 (GHQ-12) among a sample of Russian university students.

Methods: A sample of *150* Russian university students completed the Russian version of the GHQ-12 alongside some demographic questions.

Results: Three competing models were examined in terms of their fit of the data: one-, two-, and three-factor models. The best description of the data was provided by *the one-factor* model was found to provide the best description of the competing models.

Conclusions: The present findings provide support for the unidimensionality of the Russian translation of the GHQ-12 for use among Russian university students. Further research should seek to examine the generalisability of this finding among members of the general public in Russia.

Conflict of interest: No

Keywords: General Health Questionnaire; GHQ-12; Students; Russian

EPV0395

Mental health literacy among an online convenience sample of russian adults: examining lay people's implicit theories of the causes of alcoholism

C.A. Lewis^{1*}, S. Davis², M. Khukhrin³ and S. Galyautdinova³

¹Leeds Trinity University, Social And Behavioural Sciences, Leeds, United Kingdom; ²Glyndwr University, Psychology, Wrexham, United Kingdom and ³Bashkir State University, Psychology, Ufa, Russian Federation

*Corresponding author.

Introduction: In comparison to other countries, Russia has a comparatively high rate of heavy drinking and alcoholism, which are both leading causes of illnesses, disability, and death. There is increasing attention paid to understanding psychological and medical explanations of illnesses, and how the relationships between explicit and implicit theories are linked. Lay beliefs about alcoholism are an important factor associated with treatment-seeking behaviour.

Objectives: The aim of the present study was to examine implicit theories of the causes of alcoholism among Russians.

Methods: An online convenience sample of 200 Russian adults completed a Russian translation of Furnham and Lowicks' questionnaire, in which they were asked to rate 30 explanations for their importance in explaining the causes of alcoholism, alongside some demographics questions, including, age, sex, level of alcohol use.

Results: The 30 explanations were ranked for importance in explaining the causes of alcoholism. In addition, demographics questions, including, age, sex, level of alcohol use were compared. Moreover, comparisons were made between the present data and the results originally reported by Furnham and Lowick among a sample of lay people in the United Kingdom.

Conclusions: The results were discussed in terms of the research on mental health literacy, lay understandings of psychological and medical illnesses, and the relationships between explicit and implicit theories. Further research on mental health literacy among Russian samples was proposed.

Conflict of interest: No

Keywords: lay; Russian; alcoholism; implicit

EPV0396

Stress, resilience, and quality of life among parents of children with physical or intellectual disabilities in pakistan

N. Akhtar¹, N. Iqbal Malik², S. Ahmad Rana³ and C.A. Lewis^{4*}

¹Islamia University Bahawalpur, Bahawalnagar Campus, Psychology, Bahawalpur, Pakistan; ²University of Sargodha, Psychology, Sargodha, Pakistan; ³MAO College Lahore, Psychology, Lahore, Pakistan and ⁴Leeds trinity University, Social And Behavioural Sciences, Leeds, United Kingdom

*Corresponding author.

Introduction: Parents face many challenges while raising their children, but in case of the parents of children with special needs, these challenges can be amplified, and as a consequence, their quality of life can be detrimentally affected.

Objectives: To examine the relationship of stress on the quality of life among parents of children with a disability, and the role that resilience may have on mitigating this relationship.

Methods: Data from 261 parents of children with physical (n=121) or intellectual (n=140) disabled in Pakistan completed Urdu translations of the Parental Stress Scale, the Resilience Scale, and the Abbreviated World Health Organization Quality of Life (WHOQOL-BREF).

Results: T-test analysis showed that the parenting of a child with a disability, whether physically or intellectually, was equally stressful. However, there was a difference in the quality of life of the parents of children with a physical disability who had significantly lower levels of quality of life in the dimensions of physical health, psychological health, and social relationships in comparison to parents of children with an intellectual disability. In both samples, Pearson's product-moment correlations showed a positive relationship between resilience and quality of life and a negative relationship between resilience and stress. The meditational analysis revealed that resilience mediated the relationship between stress and quality of life among the parents of children with disability.

Conclusions: These findings suggest that further psychological support of parents with a disabled child is required.

Conflict of interest: No

Keywords: stress; Resilience; quality of life; disabled

EPV0397

'Kidulthood' myth: is russian 'Y' generation infantile? A self-concept and stereotype research'

V. Lianguzova* and A. Rikel

Lomonosov Moscow State University, Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: Infantilism can be researched both as a developmental retardation and a psychological status describing adult experiencing physical, mental or social childhood traits. Usually studied as a personal trait, it was rarely described throughout social trends. The classical intergenerational research describes differences in the values among generations, and only recent works state generational specifics in narcissism etc. The researchers describe western Y generation (1984-1999 years of birth), compared with their parents X Gen (1965-1983) as 'kidults', which means their addiction to infantilism, but there are rare studies that touch this topic.

Objectives: The hypothesis about differences in social status of infantilism criteria (marital status, the presence of children in the family, the financial independence, etc.) in the young (Y) and older (X) generations was checked.

Methods: In two-phase (quantitative and qualitative) study (first phase, N = 349; second phase N = 25) open data analysis (cohort comparison) and semi-structured interviews, including projective techniques (case analysis) were carried out.

Results: The hypothesis about social status of infantilism criteria differences was completely confirmed. The differences in Self-concept about infantilism were also revealed: the ideas about mature behavior and the causes of mature and immature forms of behavior differ. The older generation experiences negative attitudes towards immature behavior, while younger sample admits change of the social criteria of Infantile status.

Conclusions: Different generations share different ideas and attitudes towards infantilism and social criteria: younger Y's tend to excuse it while older X's demonstrate less tolerance.

Conflict of interest: No

Keywords: infantility; stereotypes; self-concept; generations

EPV0398

Koro syndrome: a case report in Spain.

B. Renau Mínguez^{1*}, A. Juanes², J.F. Cruz Fourcade³, S. Alvarez-Sesmero³, C. Losada³ and K. Inca Torres⁴

¹Complejo Asistencial de Zamora, Psychiatry, Zamora, Spain;

²Hospital Universitario 12 de Octubre, Psychiatry, Madrid, Spain;

³Hospital 12 de Octubre, Liaison Psychiatry, Madrid, Spain and

⁴Hospital 12 de Octubre, Psychiatry, Madrid, Spain

*Corresponding author.

Introduction: Koro is a culture-bound syndrome, endemic and prevalent in Southeast Asia. This neuropsychiatric disorder is symptomatically characterized by the fear of an eventual death caused by genital or breast retraction. Due to its cultural condition, syndrome reports were originally described from the Chinese and Southeast Asia population. However, later sporadic cases of Koro syndrome were identified in healthy Westerners not exposed to the Asian culture. This e-poster relevantly provides the first Spanish case report in the literature where Koro syndrome was considered.

Objectives: In this case report we intended to describe the symptoms presented by a single case and to set up a diagnostic. Also, we tried to compare our findings with previous similar cases.

Methods: In order to describe our clinical case we followed up the evolution of the patient for several months whose symptoms are detailed below. Several complementary tests were performed in order to rule out medical conditions.

Results: Test results showed normal levels in any case. In the present case the Koro was associated with phobia for AIDS and a pharmacological approach was used in the treatment, targeting both the anxiety state and the maladaptive cognitions. In the present patient helped to reduce behavioural disorders and significantly reduced his symptoms of Koro.

Conclusions: Although the presenting syndrome was sporadic, the diagnosis of the Koro syndrome was considered. An increasing number of cases are being reported among Caucasians living in the West who have not been exposed to the Chinese culture. The pathogenesis of this condition is poorly understood.

Conflict of interest: No

Keywords: Koro syndrome; culture-bound syndrome; AIDS

EPV0399

Impact of migratory processes and cultural change on mental health in the USA.

M. Batalla Monedero¹, E. Rodríguez Soria^{2*} and D. Carracedo Sanchidrián³

¹Hospital La Fe, Psychiatry, Valencia, Spain; ²Hospital Universitario de Fuenlabrada, Psychiatry, Fuenlabrada, Spain and ³Hospital Universitario la Paz, Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Socio-cultural factors, and more specifically migratory processes, have an undeniable influence on migrants' personality and the presence of psychopathology. In recent years, immigration have become one of the most influencing factors in mental health. Roberto Clemente Center (RCC) is a Gouverneur Hospital clinic in New York city. It is specialized in Latin American migrants disturbances. Patients are treated with systemic-ecological therapies.

Objectives: Assess socio-demographic and psychopathological features of an RCC sample of patients.

Methods: Descriptive analysis of a sample of 73 patients. Socio-demographic and diagnostic data were collected during the rotation period of rotation of three mental health residents. Diagnosis, pharmacological treatment, comorbidity, substance abuse and mental health history are studied.

Results: A sample of 73 patients between 16 and 85 years old was studied. It is formed by 15 men and 58 women. The average age is 58 years old. As for the diagnosis, there is a higher frequency of Depressive disorder. (29%), followed by adaptive disorder (21%), family problems (10%) and post-traumatic stress disorder (9%).

Conclusions: It is observed that women seek more psychological attention than men. In addition, the results suggest that older people have more difficulties in facing a migratory process than the younger population. The observations may indicate that diagnosis are related with grieving processes. Furthermore, they show that there is a variation in the way that traumatic life events affect to the individuals and their families.

Conflict of interest: No

Keywords: cultural psychiatry; migration; grieving process; traumatic life events

EPV0403

Factors of machiavellianism spreading in general population

E. Sokolova¹, K. Andreyuk¹, A. Ryzhov^{1*} and E. Zhuykova²

¹Lomonosov MSU, Faculty of Psychology, Moscow, Russian Federation and ²Psychological Institute of the Russian Academy of Education, Adolescent Psychology Laboratory, Moscow, Russian Federation

*Corresponding author.

Introduction: Machiavellianism as an attitude of permissibility towards exploitation of others for own purposes is a component of the Dark Triad of personality traits along with narcissism and psychopathy. Its spreading in general population is related to contemporary social context of transitivity, ambiguity and

relativism of cultural values what allows to conceive Machiavellianism as a borderline phenomenon between abnormal and normality.

Objectives: Study was aimed at establishment of the factors that underlie Machiavellianism spreading in mentally healthy population.

Methods: Machiavellianism was assessed with MACH-IV scale (Christie, 1970; Znakov, 2000). Empathy was assessed with Emotional empathy questionnaire (Orlov, Emelianov, 1986). Tolerance to ambiguity was assessed by the New Tolerance-Intolerance to ambiguity questionnaire (Kornilova, 2010). Participants were 40 adults (aged 18-45 years) without psychiatric diagnoses.

Results: Regression analysis suggests following links: low Empathy ($\beta=-0,438$, $p<0,01$) and high Interpersonal Ambiguity Intolerance ($\beta=0,371$, $p<0,05$) influence higher levels of Machiavellianism. Similarly, low empathy was a leading factor in regression models, calculated for clinical samples of inpatients with schizotypal disorders and paranoid schizophrenia. This highlights similarities between marked Machiavellians in normative and clinical populations. For healthy population the difficulties to deal with ambiguous situations are related to situations of interpersonal communication, where the intolerant to ambiguity people are constrained to use manipulation.

Conclusions: The lack of emotional investment in other people play a crucial role in the occurrence of Machiavellianism in both Clinical and normal samples. Results support ideas of Z.Bauman about increased ambiguity of contemporary society leading to its narcissisation and pathologising.

Conflict of interest: No

Keywords: tolerance to ambiguity; Empathy; Cultural syndromes; Machiavellianism

EPV0404

Approbation of opinions about mental illness (OMI) questionnaire on Russian speaking sample in azerbaijan

A. Ryzhov^{1*}, O. Mitina¹, A. Tkhostov¹, E. Sokolova¹ and F. Gummatova²

¹Lomonosov MSU, Faculty of Psychology, Moscow, Russian Federation and ²Lomonosov MSU, Baku Branch, Baku, Azerbaijan

*Corresponding author.

Introduction: Azerbaijan is a country with rapidly developing mental health system and changing cultural attitudes towards suffering people. Opinions about Mental Illness (OMI) questionnaire (Stuerling & Cohen, 1962) is one of the most widely used instruments to measure stigmatization in professionals and lay people, and it was already used in countries geographically close to Azerbaijan (Madianos et al., 1987, Rahmani et al, 2015, Gur & Kucuk, 2016).

Objectives: To assess whether OMI questionnaire can be used to measure attitudes towards mental illness in Azerbaijan.

Methods: A Russian translation of OMI was used. 107 adults (mean age 24 years) completed the questionnaire, as well as Familiarity with Mental Illness scale and some qualitative assessments.

Results: The internal consistency of the original 51-items version was very low. A 24-items version was formed after items deletion. Principal component analysis suggested a 6-factor structure, that explained 58,9% of variance. The identified factor scales were following: Sympathy, Individual and familial burden of disease, Need for care, Intolerance of deviations, Attribution of negative

qualities and segregation, Social and family control. It differs markedly from the original and replicated in other studies 5-factor structure of OMI. Only 4 items from Intolerance of deviation factor were linked together like in the original Authoritarianism scale.

Conclusions: The data is preliminary, limited by sample size, age and socio-demographic characteristics. Still, it suggests that there is a need to develop a more culturally appropriate method to study attitudes towards mental illness in Azerbaijan. Particularly, issues of family burden and paternalistic attitudes should be addressed.

Conflict of interest: No

Keywords: OMI; family burden; Azerbaijan; Stigma

EPV0405

Cultural psychiatry: psychiatric emergencies in uganda

A. Bullón-Sáez

Complejo Asistencial Universitario de Salamanca, Psychiatry, SALAMANCA, Spain

Introduction: Cultural psychiatry is based on the study, evaluation and treatment of mental disorders considering the cultural context (values, beliefs, language, behaviour) where it happens and is expressed. Uganda is a country in the African continent where the recognition and understanding of the psychiatry together with its symptomatology is significantly different from our country's belief.

Objectives: The objective is to describe the distribution and frequency of the emergency care in mental pathology in a hospital from an Ugandan city called Fort Portal.

Methods: Collection of the reasons that motivated the consultation and the provisional diagnoses of 184 patients who attended the psychiatric's emergency in Fort Portal Hospital

Results: The distribution of mental disorders was: 23% due to organic diseases; 21% related to substance abuse; 19% for non-substance related psychosis; and 16% for bipolar disorder. In comparison with the University Hospital of Salamanca, Spain, the distribution is different: 24% in anxiety disorders; 21% for depressive disorders; and a 17% for suicide ideation or suicidal attempts.

Conclusions: The reasons for psychiatric assistance are very different between a country on the African continent like Uganda and a European country like Spain. There is a worldwide diversity regarding the recognition and classification of mental and behavioural symptoms. Even within the same country, the diagnosis and treatment of mental illness changes over time. It is important to take into account the culture for the analysis, diagnosis and treatment of psychiatric disorders.

Conflict of interest: No

Keywords: uganda; emergency psychiatry; psychiatric disorders; Cultural Psychiatry

EPV0406

Decentering ability of mental health professionals working in perinatal mental health in cross-cultural situations.

A. D'Alessandro^{1*} and C. Mestre²

¹University of Poitiers, Psychiatry Department, Poitiers, France and ²Bordeaux University Hospital, Psychiatry Department, BORDEAUX, France

*Corresponding author.

Introduction: Perinatal period is a source of fragility. The migratory experience brings a greater vulnerability and specificity for future mothers. Their healthcare can be influenced by different personal experiences of health professionals and decentering ability plays an important role.

Objectives: The aim of this study was to explore feelings about decentering ability in mental health professionals working with migrants women during perinatal period.

Methods: We asked twelve mental health professionals working at Maternity Unit of University Hospital in Poitiers to participate in our study: four of them accepted. In order to investigate their feelings about decentering ability we used semi-structured interview and we asked them to describe a clinical situation they were faced as a mental health professionals. The analysis of the results was performed using a qualitative method based on the Interpretative Phenomenological Analysis. The Experience Fluctuation Model was used to determine the psychological states experienced by participants.

Results: Anxiety was experienced by two of our participants, another one described Worry as predominant emotional state. The last one reported Relaxation state. Positive feelings about decentering ability were linked to a personal experience of migration and to a training in cultural psychiatry. Contrarily, negative feelings were linked to the difficulty to share personal experiences.

Conclusions: Baubet and Moro explain the importance of the ability in decentering in order to become more experienced in cross-cultural situations. Decentering ability is acquired through daily work with migrants. It can be developed thanks to seminars with other professionals as anthropologists and through a personal experience of migration.

Conflict of interest: No

Keywords: Decentering; Mental Health Professionals; Perinatal Period; Migrants

EPV0407

Plasticity and stability of delusional content in schizophrenia. Religious topics in the 80 years period

K. Krysta*, A. Dudek, A. Górna and M. Krzystanek

Medical University of Silesia, Department of Rehabilitation Psychiatry, Katowice, Poland

*Corresponding author.

Introduction: Content of psychotic symptoms is deeply rooted in cultural background. Delusions and hallucinations are, at the same time, the distorted reflection of the world, as well as the projection of internal processes on the objective reality. Religious topics are common among the delusional content, typically 20% – 60% of patients reports them. Religion itself plays an important role in lives of patients with schizophrenia, being a coping mechanism and having an explanatory value.

Objectives: The aim of this study was to examine how content of hallucinations and delusions interact with cultural conditions, that were changing over the decades.

Methods: 100 of randomly selected case histories of patients with schizophrenia were analyzed. Content of delusions and hallucinations were extracted and from the material. Subsequently, reports were categorized and the base of reoccurring themes. Data from 2012 was compared with previous study obtaining the perspective of 80 years of history in the one hospital.

Results: Religious topics were reported by 26% of patients. Gradual decrease of diversity of themes was observed. Several religious figures, including saints and angels disappeared in 2012 from the material. Occurrence of “contact with God” and other religious figures was similar comparing to previous years, however the number of “visions” abruptly decreased. Some figures, such as “devil” were stable over 80 years and were associated with very specific subjective context. All themes reported by the patients were culturally specific.

Conclusions: Content of delusions and hallucinations shows plasticity over the time, being influenced by cultural changes in society.

Conflict of interest: No

Keywords: schizophrenia; delusions; psychopathology

EPV0408

Acute stress disorder due to work-related stress among oil platform employees in azerbaijan

G. Mammadzada^{1*}, A. Manucheri-Lalen¹ and F. Mammadova²

¹Azerbaijan Medical University, Psychiatry, AZ, Azerbaijan and

²Republican Treatment and Diagnostic Hospital, Psychiatry, Baku, Azerbaijan

*Corresponding author.

Introduction: Stress disorder may develop following exposure to one or more traumatic events such as severe accidents or disasters. Complications include difficulty with work or relationships, a greater chance of chronic disease, depression, anxiety, personality disorder or the misuse of psychoactive substances. Cultural aspects can affect the stress reactions and resilience to stress in many ways as by increasing so as by limiting its burden.

Objectives: The purpose of the study was investigation of Acute Stress Reaction among employees of the oil company who experienced work-related stressful event

Methods: Symptoms of acute stress disorder were assessed with the Stanford Acute Stress Reaction Questionnaire (SASRQ). Possible scores on the SASRQ range from 0 to 150, with higher scores indicating greater acute stress symptoms. The cut-off score for acute stress was defined as 15 and for severe stress as 30 points

Results: Symptoms of acute stress were present in 32 (22%) of participants with severe symptoms among 15 (10%) participants. The overall severity of acute stress was significantly higher among expats compared to local workers ($p=0.002$). The mean score of acute stress symptoms was higher among those who reported having no bad habits ($N=52$, $M=4.75$) versus those who were cigarette smokers ($N=36$, $M=13.94$); ($p=0.006$). The severity of acute stress showed no correlation with the age and length of work-related experience in participants

Conclusions: The possible culture-related factors contributing to severe stress reactions among local workers and expats are to be analyzed, discussed and used for work and life quality improvement

Disclosure: Dr. Fidan Mammadova (co-author) - is currently employed at the Central Hospital for the Oilmen located in Baku city and, as a psychiatrist, was involved in the treatment of the victims of the event. Dr. Mammadova did not take part in the process of ques

Keywords: oilworkers; stress; stressdisorder

EPV0411

Two-eyed seeing as a philosophy to facilitate communication among indigenous knowledge keepers and mental health professions about indigenous suicide

L. Mehl-Madrona¹, B. Mainguy^{1*} and P. McFarlane²

¹University of Maine, Graduate School, Orono, United States of America and ²University of New England/Eastern Maine Medical Center, Family Medicine Residency, Bangor, United States of America
*Corresponding author.

Introduction: A communication gap exists between psychiatry and indigenous people. A strong tradition for mental health prevention and treatment exists that psychiatry often ignores since it has not produced randomized, controlled trials or similar quantitative research.

Objectives: The term "two-eyed seeing" is spreading across North America as a concept for explanatory pluralism. The concept was brought into academic science by Albert Marshall, a Mi'iqmaq from Nova Scotia, Canada. It speaks to the idea that indigenous knowledge is equally valid for conceptualizing a phenomenon as contemporary science. We look at indigenous suicide from a two-eyed seeing perspective.

Methods: We present a case series of 73 patient-interactions in which a two-eyed seeing model was successfully applied to indigenous clients allowing both the biomedical model to suggest medications and the indigenous counselor to connect clients to culture, language, elders, and to explore alternate strategies for accomplishing the end that the suicide was supposed to serve.

Results: This approach sees suicide as goal-directed behavior toward a specific end, which makes it an ongoing story that can be modified and not a state of mind. Indigenous people remain in counseling with this approach and show a significantly reduced rate of future attempts.

Conclusions: Contemporary biomedical models of suicide and of predicting suicide are disappointingly ineffective. The indigenous model of suicide prediction and prevention sees people as being spiritually and socially challenged and caught in a story in which they have lost sight of their embeddedness in community and their linkage to others – human, animal, natural, and spiritual.

Conflict of interest: No

Keywords: indigenous North Americans; two-eyed seeing; narrative understanding; Suicide

Depressive disorders

EPV0415

The theory of mind and alexithymia in patients with recurrent depressive disorder

A. Culici^{1*}, I. Negru², V.I. Negri³, Z. Popovici⁴ and C. Bredicean⁵

¹Timișoara County Emergency Clinical Hospital, Clinic Of Psychiatry „eduard Pamfil”, Timișoara, Romania; ²„Victor Babeș” University of Medicine and Pharmacy, Faculty of Medicine, Timișoara, Romania; ³Timișoara County Emergency Hospital, Clinic Of Psychiatry „eduard Pamfil”, Timișoara, Romania; ⁴Arad County Emergency Clinical Hospital, Centre For Mental Health, Arad, Romania and ⁵„Victor Babeș” University of Medicine and Pharmacy, Neuroscience, Timișoara, Romania

*Corresponding author.

Introduction: Alexithymia and the theory of mind (ToM) are essential elements for a proper social life. Difficulties in identifying and describing someone's emotions or feelings of others, have negative effects on social cognition and influences the evolution of depressive disorders.

Objectives: Assessment of alexithymia and the ToM in a group of subjects with recurrent depressive disorder.

Methods: The study included 42 patients diagnosed with recurrent depressive disorder (according to ICD-10), based on inclusion/exclusion criteria. The analyzed parameters were: the onset of the disorder, alexithymia (Toronto Alexithymia Scale-TAS20) and the ToM (Reading the Mind in the Eye Test). The lot was divided into three sublots depending on the length of the evolution: 1st lot 1-4 years, 2nd lot 5-10 years, 3rd lot over 10 years. Data were statistically processed.

Results: Following the interpretation of the results, it was shown that alexithymia was present in all subjects, regardless of the onset of the disorder, with no significant differences between the three groups (P-value=0.37215). Regarding ToM, mean score of patients was a reduced one, without any statistically significant differences (P-value=0.920299). There is also a direct correlation between alexithymia and the ToM in the 1st lot (r=-0.519124317).

Conclusions: Alexithymia and ToM are both impaired in patients with depressive disorder. In the first five years of evolution of the disorder, the more inability of expressing emotions is present, the more ToM capacity is reduced.

Conflict of interest: No

Keywords: Alexithymia; Depressive disorder; theory of mind

EPV0419

Finasteride and depressive symptoms, case report

M. Garcia Moreno^{1*}, A. De Cós Milas², Á. Izquierdo De La Puente¹, P. Del Sol Calderón¹ and L. Beatobe Carreño²

¹HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain and ²HOSPITAL UNIVERSITARIO DE MÓSTOLES, Psychiatry, MADRID, Spain
*Corresponding author.

Introduction: Finasteride, a competitive inhibitor of 5 alpha-reductase enzyme, is used for treatment of androgenetic alopecia in males. Several effects derived from finasteride administration can be related to the appearance of depressive symptoms as serum dihydrotestosterone level decrease or the inhibitory effect on androgen and steroid 5alpha-reduction in the brain.

Objectives: To present our clinical experience in the treatment of a depressive episode and propose the likely relation with finasteride treatment.

Methods: We selected one patient with previous treatment with finasteride who developed a depressive episode.

Results: 29 years old male referred to our outpatient Mental Health Service with depressive symptoms for 2 years with an accentuation in recent months. No previous personal psychiatric history, no drug abuse or psychopharmacological treatment. In treatment with finasteride the three previous years. Refers sad mood, anxiety, irritability, inhibition, apathy, poor initiative to carry out activities, early awakening, low hedonic capacity, thoughts of death and failures in cognitive sphere. No refers previous trigger. We established diagnosis of moderate depressive episode without psychotic symptoms and initiated antidepressive treatment with vortioxetine 10 mg. We also encouraged to discontinue finasteride treatment to consider a probable relationship with the mood disorder.

The patient experienced a positive evolution with ad integrum recovery in the 3 subsequent months.

Conclusions: Finasteride treatment might be related to depressive symptoms, so it should be discontinued in the presence of mood disorders. Further studies should be required in order to determine the need of antidepressant treatment once finasteride is discontinued.

Conflict of interest: No

Keyword: depression finasteride

EPV0420

Dermatomyositis with major depressive disorder and suicidal ideation comorbidity: a case report.

F. Ghrissi* and F. Fekih-Romdhane

Razi Hospital, Psychiatry University Tunis El Manar, Mannouba, Tunisia

*Corresponding author.

Introduction: Dermatomyositis (DM) is a multisystem autoimmune inflammatory disease with skin manifestations, muscle weakness and systemic symptoms. These manifestations lead patients to suffer a low quality of life. While various inflammatory disorders and their association with depression are well documented, only few literature is reporting cases of DM associated with major depressive disorder.

Objectives: We present a rare case of DM associated with depressive disorder and suicidal ideation in order to discuss the possible link relating these two entities.

Methods: We conducted a literature review on pubmed website, using these keywords: dermatomyositis, depressive disorder and suicidal ideation.

Results: A 31-year-old woman, with no prior personal neuropsychiatric history, was diagnosed with dermatomyositis and started on azathioprine and methylprednisolone. Two years later, she was referred to our psychiatric unit with complaints of depressed mood, reduced pleasure, fatigue, sleep disturbance, feelings of worthlessness and reduced self-esteem. She also reported suicidal thoughts with a specific plan. She met clinical criteria from diagnostic and statistical manual of mental disorders (DSM-5) for major depressive disorder, and was started on sertraline 50mg orally per day for two weeks then titrated to 100mg per day. Clinical course showed improvement in depressive symptoms with no more suicidal ideation within two weeks. The temporal relationship between the onset of depressive symptoms and DM suggest that depression may have been induced either by the inflammatory disorder or anti-inflammatory treatments.

Conclusions: Patients suffering from inflammatory systemic disease should be screened for depressive disorders. Providing them appropriate mental health care seems crucial to improve patients prognosis and quality of life.

Conflict of interest: No

Keywords: major depressive disorder; Suicidal ideation; dermatomyositis

EPV0424

Screening for depressive symptoms in outpatient primary health care

K. Kola*, H. Agaj, F. Elezi and E. Sotiri

UHC Mother Theresa Tirane, Neuroscience, Tirane, Albania

*Corresponding author.

Introduction: Many patients presenting in the primary health care for somatic symptoms also present mental health problems which are not always properly addressed

Objectives: To screen for depressive symptoms in the outpatient population over 50 years old

Methods: From 01.07.2019 to 31.08.2019, patients over 50 years old who received outpatient treatment in the primary health care were asked to be administered PHQ-9. 120 of them agreed and the data were analyzed with SPSS-22.

Results: From the 120 participants, 48% (N=58) were 50-64 years old, and 45% (N=54) were males. 66% (N=79) reported symptoms of severe depression, 26% (N=31) moderately severe, 6% (N=7) moderate depression and the other 3 participants had no symptoms of depression.

According to the data analysis, females in the age group 65-96 were more affected by depressive symptoms.

Conclusions: Depression remains an underdiagnosed condition in primary care, with many patients presenting for another health problem but when screened for depression score high on screening tools like PHQ-9. The most affected group is females from 65 to 96 years old.

Conflict of interest: No

Keywords: primary health care; Screening; Dépression; outpatient

EPV0426

Additive role of loneliness in depression-induced multimorbidity development in older people

A. De La Torre-Luque¹, E. Lara², L. Rico-Urbe¹, J. De La Fuente³, F. Caballero⁴, A. Sanchez-Niubo⁵, J.M. Haro⁶, J.L. Ayuso-Mateos⁷ and P. Lopez-Garcia^{8*}

¹Center of Biomedical Research in Mental Health (CIBERSAM), Department of Psychiatry, Universidad Autonoma De Madrid, Madrid, Spain; ²Hospital Universitario de La Princesa, Psychiatry, Madrid, Spain; ³Universidad Autonoma de Madrid, Department of Psychiatry, Madrid, Spain; ⁴Universidad Autonoma de Madrid, Department of Preventive Medicine, Public Health, And Microbiology, Madrid, Spain; ⁵Parc Sanitari Sant Joan de Déu, Fundació Sant Joan De Déu, Barcelona, Spain; ⁶Parc Sanitari Sant Joan de Déu, Research, Innovation And Teaching Unit, Barcelona, Spain; ⁷Universidad Autonoma de Madrid, Psychiatry, Madrid, Spain and ⁸Faculty of Medicine, Universidad Autonoma of Madrid, Psychiatry, Madrid, Spain
*Corresponding author.

Introduction: Robust evidence points to bidirectional associations between late-life depression and physical disease development. Depression accompanied with loneliness may show worse prognosis and higher levels of symptom severity in old age. However, little is known about the role of loneliness in the relationship between depression and multimorbidity development.

Objectives: To study the influence of depression with loneliness on chronic disease development later in life.

Methods: Data from the Ageing Trajectories of Health: Longitudinal Opportunities and Synergies (ATHLOS) project were used. The sample comprised 2328 older adults (55.37% women; M = 61.16 years at baseline, SD = 6.52) from two European countries (UK and Czech Republic). Three groups were formed: control group (CG); depressive symptom episode group (DEP); a group with depression and loneliness (DEP+LONE). Number of

multimorbid conditions (comprising 18 physical diseases) was predicted at a follow-up (arithmetic mode of follow-up = 4 years) considering a metabolic score and diseases at baseline, study group and other relevant sociodemographic and health-related factors. The analyses were conducted separately by men and women.

Results: DEP+LONE membership significantly predicted the multimorbidity in both sexes. Over 50% of women and 54% of men from the DEP+LONE group showed two or more physical conditions at follow-up. Additionally, DEP group membership predicted multimorbidity at follow-up in men ($p < .01$).

Conclusions: These results highlight the relevant contribution of loneliness in depression-related metabolic dysregulation in chronic condition development, probably by means of metabolic dysregulation boosting. This study claims for action to reduce the impact of loneliness in old age and to promote healthy ageing.

Conflict of interest: No

Keywords: Late-life depression; MULTIMORBIDITY; ATHLOS project; Loneliness

EPV0428

The structure of psychosocial maladaptation and anxiety-depressive symptomatology in women with different genesis of depression

A. Markov^{1*}, M. Markova², R. Isakov³ and L. Herasimenko³

¹Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology Medical And Psychological Rehabilitation, Kharkiv, Ukraine; ²Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology, Medical Abd Psychological Rehabilitation, Kharkiv, Ukraine and ³Ukrainian Medical Stomatological Academy, Department of Psychiatry, Narcology And Medical Psychology, Poltava, Ukraine

*Corresponding author.

Introduction: In the structure of the mental disorders depression holds the leading position. In recent years, there has been an increase of publications showing the combination of depression and psychosocial maladaptation, which both acts as a derivative in the clinic of depressive disorders and as an independent phenomenon, having a distinct effect on their course.

Objectives: The purpose of the work is to study to study of relationships of structure and severity of manifestations of psychosocial maladaptation and anxiety-depressive symptoms in women with depressive disorders of different genesis.

Methods: 252 women with a diagnosis of depressive disorder were examined: 94 people with depressive disorder of psychogenic genesis, 83 women with endogenous depression and 75 patients with depressive disorder of organic genesis. The patients were divided into groups depending on the genesis of the depressive disorder and the presence and severity of problems in psychosocial functioning. The study was conducted using clinical-psychopathological and psychodiagnostic methods.

Results: As a result of the study, it was found that genesis of depression has been found to have the greatest impact on depression in the absence of signs of maladaptation and its mild degree. As the severity of maladaptation increases, the impact of the genesis of depression decreases and is less severe in severe maladaptation. Anxiety is less dependent on the genesis of depression, and is more determined by the degree of maladaptation.

Conclusions: Thus, in determining the directions of psychotherapeutic and rehabilitation management of depressive disorders in women, it is mandatory to take these parameters into account.

Conflict of interest: No

Keywords: psychosocial maladaptation; Dépression

EPV0430

Maais are no treatment of „last resort“: a review of response after failed tranylcypromine in depression

S. Ulrich¹ and T. Messer^{2*}

¹Aristo Pharma GmbH, Medical-scientific Department, Berlin, Germany and ²Danuvius Clinics Pfaffenhofen, Clinics Of Psychiatry, Psychotherapy And Psychosomatics, Pfaffenhofen an der Ilm, Germany

*Corresponding author.

Introduction: Tranylcypromine (TCP) is prescribed for treatment resistant depression (TRD). The irreversible monoamine oxidase-(MAO)-A/B inhibitor is often labeled as a treatment of “last resort”. This classification was established when the number of treatment options was limited.

Objectives: With 58% responders as the mean in TCP-treatment of TRD in controlled studies, the question arises which therapeutic options occur in non-responders of TCP (TCP-NR), and whether TCP is actually a “last resort”.

Methods: The therapy of TCP-NR was investigated in a comprehensive review of controlled and non-controlled clinical studies of TCP in depression as well as in case reports of medical-scientific literature.

Results: 93 therapies of TCP-NR have been found (63 in the follow-up of clinical studies, 30 in case reports). Continuing TCP itself was included in 48 trials of TCP-NR (augmentation/combination of TCP). Discontinuation of TCP and switch to another antidepressant was applied in 45 TCP-NR. Response was achieved in 48 trials (51.6%), 36 in TCP-augmentation/combination (75%), and 12 after discontinuation of TCP (26.7%). The higher number of responders in augmentation/combination of TCP is explained by the selectivity of case reports. For lithium-augmentation (78.6% responders), however, data are considered as less selective because results of the follow-up of TCP-studies are also included.

Conclusions: A definition of the MAO-inhibitor as a “last resort” in the treatment of depression seems to be misleading today because of the manifold treatment options. There are good chances of response for TCP-NR in TRD with e.g. lithium augmentation of TCP, augmentation with second generation antipsychotic drugs or switch to other antidepressants.

Disclosure: Sven Ulrich is working in the pharmaceutical company Aristo Pharma GmbH which is marketing a tranylcypromine drug product. Thomas Messer has received speaker honoraria from Aristo Pharma GmbH.

Keywords: tranylcypromine; monoamine oxidase inhibitor; Dépression; treatment resistant depression

EPV0431

The emotional response to different tastes of food - as possible marker in recognition of depressive symptoms and suicidal ideations

E. Milauskiene^{1*}, V. Adomaitienė¹, V. Steibliene¹, L. Jarutiene¹, E. Bartkiene², V. Lele², D. Cernauskas³, D. Klupsaitė³, D. Zadeike³ and G. Juodeikiene³

¹Lithuanian University of Health Sciences, Psychiatry Department, Kaunas, Lithuania; ²Lithuanian University of Health Sciences, Food

Safety And Quality, Kaunas, Lithuania and ³Kaunas University of Technology, Food Science And Technology, Kaunas, Lithuania

*Corresponding author.

Introduction: Little is known how depressive symptoms and suicidal ideations interfere with the perception of different tastes of food.

Objectives: To evaluate emotional responses to different tastes of food as possible markers of depressive symptoms and suicidal ideations.

Methods: In total, 74 adult patients aged up to 55 years (86.5% females) with diagnosis of Major Depressive disorder (MDD) were included. MDD was assessed using Mini-International Neuropsychiatric Interview (MINI) and Montgomery-Asberg Depression Rating Scale (MADRS); suicidal ideations were evaluated using MADRS item 10. The desire of different tastes of food was evaluated using a "Food Taste Questionnaire" and rated using Likert scale from 1 to 4 (highest to lowest). Emotional expressions to different food tastes were evaluated using the FaceReader software (Noldus).

Results: Of all patients, 60.8% (n=45) did not have suicidal ideations. The comparison of desire for different tastes of food before depression episode vs. depression episode revealed significant decrease of desire in three tastes: sour 3.34 ± 0.8 vs. 3.57 ± 0.66 ; $p < 0.000$ respectively; salty 2.97 ± 0.93 vs. 3.2 ± 0.91 ; $p < 0.001$ respectively; spicy 3.01 ± 1.01 vs. 3.38 ± 0.95 ; $p < 0.000$ respectively, but not in sweet and neutral food tastes. Yet significantly lower intensity of emotional expressions was found in suicidal group to sweet (0.34 ± 0.08 vs. 0.30 ± 0.07 , $p = 0.022$, respectively) and neutral tastes of food (0.29 ± 0.05 vs. 0.25 ± 0.05 , $p = 0.01$, respectively).

Conclusions: The changes of desire in different food tastes and emotional expressions to different tastes of food could be used as markers in recognition of depressive symptoms and suicidal ideations.

Conflict of interest: No

Keywords: Suicidality; facereader; Dépression; food tastes

EPV0432

A prospective study of the association between depression and initiation of insulin therapy in people with type 2 diabetes.

Z. Mohamedali^{1*}, R. Upsher², K. Ismail², C. Moulton² and J. Lecher-Lombardi²

¹Kings College London, School of Medicine, LONDON, United Kingdom and ²Institute of Psychiatry and Neuroscience, Department of Psychological Medicine, LONDON, United Kingdom

*Corresponding author.

Introduction: Depression is associated with worse diabetes self-care and worse diabetes outcomes.

Objectives: To test whether depressive symptoms at diagnosis of type 2 diabetes (T2D) was associated with delay in initiation of insulin therapy at 8 years follow up.

Methods: The South London Diabetes (SOUL-D) incident T2D cohort was prospectively followed-up to 8 years. At T2D diagnosis, depressive symptoms were measured using the Patient Health Questionnaire (PHQ-9). The date of insulin initiation was extracted from primary care records. The Kaplan-Meier method determined time to insulin initiation, and Cox regression controlled for baseline

confounders: age, gender, ethnicity, BMI, diabetes distress, negative insulin beliefs, present microvascular and macrovascular complications and HbA1c.

Results: In this preliminary analysis of n=1003, the average age at baseline was 56.6 (SD=10.85) years, the proportion of females was 45.5%, and ethnicity status was 48.8% White and 47.3% African Caribbean/Asian/other. The prevalence of depressive symptoms (PHQ-9 ≥ 10) was 14.6% (n=146). The proportion who were depressed versus not depressed who were started on insulin therapy was n=34/146 and n=99/848 and the mean time to starting insulin was 83.3 (SD 23.98) and 86.3 (SD 20.88) months respectively. After adjusting for confounding variables, this was a small but significant association (hazard ratio=1.06, 95% confidence interval 1.02-1.10, $p = 0.005$).

Conclusions: Depressive symptoms is associated with earlier initiation of insulin therapy suggesting that these patients may have a worse prognosis even at the time of diagnosis of T2D.

Conflict of interest: No

Keywords: Insulin; Dépression; Diabetes

EPV0433

Depressive disorders in subjects with metabolic syndrome and cognitive vascular disorders

V. Piotrovskaya¹ and N. Neznanov^{2*}

¹First Pavlov Medical University, Psychiatry And Narcology, Saint Petersburg, Russian Federation and ²Federal State Budgetary Institution "National Medical Research Centre of psychiatry and neurology named after V.M. Bekhterev", Psychiatry, Saint Petersburg, Russian Federation

*Corresponding author.

Introduction: Depression (D) is associated with an increased risk of developing a metabolic syndrome (MS) vascular disorders and dementia. Additionally the endocannabinoid system is involved in the regulation of mood. The associations of MS with mild cognitive impairment (MCI), and depression was examined.

Objectives: Association of anandamide (AEA) and 2-arachidonoylglycerol (2-AG), with mood changes were examined.

Methods: Methods and results: The data collected from 300 patients with MS according IDF criteria and vascular disorders (aged 30 – 60 years) have been analyzed. MCI was confirmed by psychodiagnostic interview according to the criteria of ICD-10 and neuro-psychological testing. Depression and mood disorders were confirmed by psychodiagnostic interview according to the criteria of ICD-10. Endogenous cannabinoids level was determined by chromatography-mass spectrometry.

Results: As a result of research 300 subject were divided into 2 groups, group A – with D and/or MCI (221 subjects) and the group B -without mood disorders (49 subjects). Using the Mann-Whitney test significantly strong connection between high levels of total cholesterol (TC), cholesterol low density lipoprotein (LDL-C) and MCI in group A were obtained. Optional subjects with sings of MS and D had a high level of VLDL and LDL-C in comparison with subjects without D. Level of 2-AG significantly different in anxious patients with MS.

Conclusions: Conclusion: Our data support that there is link between MCI and components of MS, increasing in the level of LDL and VLDL can provoke MCI in middleage subjects with MS. MS activates ECS that triggers the development of cognitive impairment and anxiety

Conflict of interest: No

Keywords: metabolic syndrome; cognitive impairment; dementia; Dépression

EPV0435

Treatment-resistant depression? The importance of the differential diagnosis

E. Ramos García*, Á. Martínez Fernández, R. Molina Cambra, A. Muñoz Domenjó, M. García-Poggio Fernández-Renau, R. Sagarra Arruego, F.L. Bianchi Ramos, M. Ortega Moreno and M. Hernández Barrera

Hospital Universitario de Móstoles, Psiquiatría, Móstoles, Madrid, Spain

*Corresponding author.

Introduction: About 30% of patients with major depression do not respond satisfactorily to treatment. These have lower productivity, higher medical comorbidity and more suicide attempts than patients with an adequate response.

Objectives: The aim of this study is to review the clinical management of treatment-resistant depression, basing on a real clinical case.

Methods: Clinical management of treatment-resistant depression was reviewed with regard to the case of a 52-year-old woman with a history of a major depression that did not respond to medication (including two antidepressants, lithium and lamotrigine). In the mental examination, she presented intrusive, recurrent and ego-dystonic ideas of guilt, which generated intense discomfort. Her mood was secondary to the onset of such ideas. Attending to the symptomatology and poor response to medication, the diagnosis was changed to an obsessive compulsive disorder with predominance of obsessive ideas, and the treatment was simplified and optimized with paroxetine at antiossive doses. Currently, the patient has remained asymptomatic for the last ten months.

Results: Although there is no consensus, the term "treatment-resistant depression" generally refers to major depressive episodes that do not respond satisfactorily to two adequate antidepressant trials. This has been associated with different factors, including misdiagnosis or concurrent psychiatric disorders, such as obsessive-compulsive disorders. Therefore, an exhaustive psychopathological evaluation and an adequate differential diagnosis is essential in all cases.

Conclusions: Due to therapeutic and prognostic implications, in case of a major depression that does not respond adequately to treatment, the diagnosis must be verified and other psychiatric conditions must be ruled out.

Conflict of interest: No

Keywords: treatment; resistant; Dépression; diagnosis

EPV0436

Relationship between childhood trauma and the recurrence of depression

A. Rebai^{1*}, A. Maamri¹, N. Ghazouani², R. Maamouri² and H. Zalila¹

¹Razi University Hospital, Adult Outpatient Psychiatry Department, Mannouba, Tunisia and ²Razi University Hospital, Psychiatry, Mannouba, Tunisia

*Corresponding author.

Introduction: Recent studies suggest a close relationship between childhood trauma and major depressive disorder. The effect of childhood trauma on the recurrence of depressive episodes is still controversial.

Objectives: The aim of our study was to analyze the relationship between childhood trauma and the recurrence of depression in patients suffering from major depressive disorder.

Methods: We proceeded to a cross-sectional and retrospective study. We recruited 50 patients followed for major depressive disorder. Patients responded to the short form of Childhood Trauma Questionnaire Scale. Depressive symptoms were evaluated by the Hamilton Depression Rating Scale. Information about the recurrence of depression during the two first years following the first depressive episode were collected from the medical file.

Results: Patients with recurrent depressive episodes had a significantly higher physical abuse score ($p=0.04$) than those who did not have depression relapse during the first two years of follow-up. There was no significant difference in the frequencies of exposure to the different dimensions of childhood trauma between patients with depressive recurrence in the first two years of follow-up and those who did not.

Conclusions: This study emphasizes the existence of a significant association between physical abuse and the recurrence of depressive episode. Moreover, the retrospective design means that no cause-to-effect relationship can be attested.

Conflict of interest: No

Keywords: Dépression; childhood; trauma; recurrence

EPV0437

Efficacy of docosahexaenoic acid and eicosapentaenoic acid in major depressive disorder. Report of 200 cases

S.L. Romero Guillena

U.G.C. Salud Mental Virgen Macarena, Psychiatry, Seville, Spain

Introduction: Studies suggested that the adjuvant therapy of docosahexaenoic acid (DHA) and Eicosapentaenoic acid (EPA) and antidepressant would be effective on the treatment of major depressive disorder, especially in patients with not optimal clinical response to antidepressant treatment in monotherapy

Objectives: The primary objective of this study was aimed to evaluate the efficacy of docosahexaenoic acid (DHA) and Eicosapentaenoic acid (EPA) in outpatients diagnosed with major depressive disorder and not optimal clinical response to antidepressant treatment.

Methods: total sample of 200 outpatients with major depressive episode (according to I.C.D. 10 criteria) and previous suboptimal response to antidepressant treatment were recruited. DHA and EPA were added to the previous antidepressant treatment at flexible doses of 1 or 2 capsules per day. Each capsule contains 180 mg DHA and 460 mg EPA; Vitamin E 10 mg. The following evaluations was undergone at baseline, and then every 2 weeks until endpoint (eight week of treatment): Montgomery- Asberg Depression Rating Scale (MADRS) Optimal response was defined as a reduction of 50% in MADRS scores and remission was defined with ≤ 8 score in MADRS, both measured at endpoint.

Results: We observed a significant decrease in the total score on the MADRS ($\Delta=12.51 \pm 4.27$; $p<0.01$) At endpoint (8week) we observed response rates of 41% and remission rates of 32%.

Conclusions: In our Study, DHA and EPA added to the antidepressant treatment has found to be effective and safe in the treatment of patients diagnosed with major depressive disorder with not optimal response to antidepressant treatment

Conflict of interest: No

Keywords: docosahexaenoic acid; Eicosapentaenoic acid; treatment; major depressive disorder

EPV0439

Clinical severity and physical activity predict cognitive impairment in major depressive disorder

Y. Sánchez Carro^{1*}, M. Portella², I. Leal Leturia³, N. Salvat⁴, V. Soria⁴, P. Álvarez⁵ and P. Lopez-García¹

¹Faculty of Medicine. Universidad Autonoma of Madrid, Psychiatry, Madrid, Spain; ²Hospital de la Santa Creu I Sant Pau. Biomedical Research Institute Sant Pau, Psychiatry, Barcelona, Spain; ³La Princesa University Hospital, Psychiatry, Madrid, Spain; ⁴Bellvitge University Hospital -IDIBELL, Psychiatry, Barcelona, Spain and ⁵Institute of Neuropsychiatry and Addictions, Hospital del Mar, IMIM, Psychiatry, Barcelona, Spain

*Corresponding author.

Introduction: Cognitive impairment has been reported in patients with Major Depressive Disorder (MDD) although not all patients have poor performance in formal neuropsychological assessments. **Objectives:** This study aims to explore the demographic, Clinical and health-related predictors of cognitive impairment in patients with MDD.

Methods: Demographic, clinical, health-related variables and cognitive scores measured with the Cambridge Neuropsychological Test Automated Battery (CANTAB) were compared between 74 patients with MDD and 68 healthy controls. Multivariate regression was performed to explore the factors that predicted cognitive impairment in MDD patients.

Results: Significant neuropsychological deficits were evident in MDD compared with healthy controls in the global cognitive index ($F=5.01$; $gl=10, 131$; $p<0.001$). Patients showed a worse performance in memory (Delayed Matching to Sample: $F=23.78$; $p<0.001$), attention (Rapid Visual Information Process Test: $F=7.10$; $p=0.009$) and executive function (Spatial Working Memory: $F=6.63$; $p=0.011$; One Touch Stockings of Cambridge: $F=7.44$; $p=0.007$) test. In the regression analysis performed in MDD patients years of schooling ($\beta=-0.44$; $p<0.001$), physical exercise ($\beta=-0.29$; $p=0.005$) and severity of depressive symptoms ($\beta=0.22$; $p=0.035$) predicted the cognitive impairment ($F=10.74$; $p<0.001$)

Conclusions: Patients with MDD have deficits in different cognitive domains. These deficits are predicted by the years of education, the severity of depressive symptoms and the performance of physical exercise. These results support the importance of the implementation of interventions targeting the cognitive reserve and lifestyle habits of MDD patients, in addition to the conventional therapeutical approach focused on symptoms control.

Conflict of interest: No

Keywords: Major Depressive Disorder; Clinical Severity; Physical Activity and Cognition.

EPV0440

In-patient physical exercise program as an adjuvant therapy for depression

M. Skuhareuskaya^{1*}, A. Yahlouskaya², O. Skugarevsky² and V. Bedulin³

¹The Republican Research and Practice Mental Health Center, Psychiatry, Minsk, Belarus; ²Belarusian State Medical University, Psychiatry, Minsk, Belarus and ³Regional Hospital Randers, Psychiatry, Randers, Denmark

*Corresponding author.

Introduction: There is a lack of data on the efficacy of physical exercise (PE) as a treatment method for depression in managing in-patients in the short-term treatment course.

Objectives: The aim of our study was to assess the efficacy of the physical exercise program as an adjuvant therapy for depression.

Methods: For our study we formed two groups of patients with major depression receiving medical care at the Republican Research and Practice Mental Health Center: (1) the ones who received PE in addition to their usual treatment ($n=57$, mean age 43.4 years, $SD=12.5$) and (2) those with only treatment as usual - the control group ($n=49$, mean age 43.04, $SD=13.7$). PE was conducted with the frequency of 3-5 times a week in a group under the supervision of a fitness instructor. The PE program included aerobic and muscle-strengthening exercises as well as elements of yoga and pilates. We used Beck Depression Inventory (BDI), Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HAM-A), the Positive and Negative Affect Schedule (PANAS), sleep and quality of life questionnaires.

Results: The mean number of sessions in the main group was 11 (7-14). There was a significant decrease of depressive and anxiety symptoms in both groups but the effect sizes were bigger in the main group on HDRS (Cohen's $d=3.38$ versus 2,5 in controls) and HAM-A (Cohen's $d=3.7$ versus 2,11 in controls).

Conclusions: Our results support the idea of the efficacy of short-term PE program as an adjuvant therapy for treating depression.

Conflict of interest: No

Keywords: physical exercise; Dépression; treatment

EPV0441

A case of sarcoidosis with refractory major depression and fibromyalgia treated with electroconvulsive therapy (ECT)

R. Tenorio Villegas^{1*}, M. De La Mata Hidalgo², Á. Moleón Ruiz², M. Suárez², R. Lineros² and E. Mateos²

¹Hospital Juan Ramon Jimenez, Psiquiatria, Huelva, Spain and

²Hospital Juan Ramón Jiménez, Psiquiatria, Huelva, Spain

*Corresponding author.

Introduction: Sarcoidosis is a disease caused by the growth of accumulations of inflammatory cells (granulomas) in any part of the body, above all lungs and lymph nodes. It is related with an intense fatigue, cronic pain and many cases of major depression. There is no a specific treatment for that idiopathic and systemic disease, but it must be multidisciplinary according to relieve symptoms.

Objectives: This case encourages us to extend the use of TCE in selected patients to reduce depression major symptoms and comorbidity produced by poly medication. It would improve therapy adherence with less drugs in prescription.

Methods: It is presented a clinical report and literature review of a patient treated in our hospital who takes around 20 different drugs (benzodiazepines, mood stabilizers, antiepileptics, antipsychotic drugs, analgesics, morphics...) and 7 of them were prescribed by a psychiatrist.

Results: After 8 sessions, the patient has a preserved reality judgement and no idea of death. The maintenance treatment passed to 3 different kind pills after the intervention (duloxetine, quetiapine and lormetazepam) with persistence of pain, insomnia and amnesia.

Conclusions: Treatment was effective with well-known side-effects. The persistence of pain and physical symptoms aims us to encourage the multidisciplinary treatment with Rheumatology and Internal Medicine.

Conflict of interest: No

Keywords: depressive disorder; ECT; sarcoidosis

EPV0444

Immune-modulation therapy for depressive disorders

D. Vasile*, O. Vasiliu, A. Fainarea, M. Patrascu, E. Morariu, R. Stanescu, R. Manolache, I. Alexandru, I. Ghenoiu, R. Lecu, M. Gionea, R. Vlaicu, I. Amanolesei and F. Gainaru

University Emergency Central Military Hospital Dr. Carol Davila, Psychiatry, Bucharest, Romania

*Corresponding author.

Introduction: High levels of pro-inflammatory markers (e.g. TNF- α , IL-6, C-reactive protein) have been reported in patients diagnosed with major depressive disorder (MDD). Inflammation has been considered a potential factor that may worsen the MDD evolution, therefore drugs that interfere with inflammatory processes have been suggested as add-on to antidepressant therapy in partial or resistant cases.

Objectives: To evaluate the current data in favour of recommendation for anti-inflammatory drugs as augmentation agents in the treatment of MDD.

Methods: A literature review was conducted in the main electronic databases (PubMed, EMBASE, CINAHL, Cochrane Database of Systematic Reviews, Thomson Reuters/Web of Science) using the search paradigm "anti-inflammatory drugs" OR "immune modulators" AND "major depressive disorder". All papers published between 1990 and 2019 were included in the primary analysis, than they were filtered by using pre-determined inclusion and exclusion criteria.

Results: Infliximab is an anti-TNF α chimeric monoclonal antibody that decreased depression severity in patients with an increased initial level of inflammation markers in clinical trials. Adalimumab is a monoclonal antibody with anti-TNF α properties that decreased the severity of depressive symptoms after 12 weeks in patients with psoriasis, while etanercept (also an anti-TNF α inhibitor) confirmed its efficacy over the affective symptoms during an 84 week-extension trial in patients with the same dermatological pathology. Tocilizumab and sirukumab are studied as add-on to antidepressant drugs, but the results are still inconclusive.

Conclusions: Although immune modulation therapy is a new type of intervention for MDD, it may be a promising intervention for MDD with partial response to antidepressants.

Disclosure: First author was speaker for Astra Zeneca, Bristol Myers Squibb, CSC Pharmaceuticals, Eli Lilly, Janssen Cilag, Lundbeck, Organon, Pfizer, Servier, Sanofi Aventis, and participated in clinical research funded by Janssen Cilag, Astra Zeneca, Eli Lilly, San

Keywords: immune-modulation therapy; anti-cytokine therapy; pro-inflammatory markers; Depressive disorders

EPV0445

Evidence-based psychotherapeutic interventions for young people with mood disorders: a systematic review.

D. Vella Fondacaro^{1*}, E. Voursour^{2,3, 3}, S. Poulsen⁴, S. Torres⁵, A. Cosmoiu⁶, N. Camilleri¹, A. Saliba¹, R. Sacco¹, E. Saliba¹, R. Ulberg⁷, V. Gergov⁸, B. Tudor Tulbure⁹, H. Löffler-Stastka³, T. Prevendar¹⁰, S. Markovska-Simoska¹¹, G. Chiarenza¹² and L.-J. Garcia-Lopez¹³

¹Mental Health Malta, Psychiatry, Attard, Malta; ²University of Athens, Psychology, Athens, Greece; ³Medical University, Psychiatry, Vienna, Austria; ⁴Department of Psychology, University of Copenhagen, Denmark, Psychology, Copenhagen, Denmark; ⁵Centro Hospitalar Barreiro Montijo, Psychiatry And Mental Health, Barreiro, Portugal; ⁶University of Bucharest, Psychology, Bucharest, Romania; ⁷Institute of Clinical Medicine, University of Oslo, Norway, Psychiatry, Oslo, Norway; ⁸University of Helsinki, Finland, Psychology, Helsinki, Finland; ⁹western university of Timsauri, Psychology, Timisauris, Romania; ¹⁰Sigmund Freud University Vienna, Psychology, Vienna, Austria; ¹¹Academy of Sciences and Arts of North Macedonia, Psychology, Skopje, Serbia and Montenegro; ¹²Centro Internazionale Disturbi di Apprendimento Attenzione Iperattività (CIDAAL), Psychiatry, Milan, Italy and ¹³UNIVERSITY OF JAEN, DEPARTAMENT OF PSYCHOLOGY, Psychology, Madrid, Spain
*Corresponding author.

Introduction: Mood disorders are amongst the most common groups of mental disorders in young people (YP). Depression may affect 8-20% of all YP and may result in a cascade of negative developmental outcomes predicting long-term morbidity and poor functioning. In view of this, the COST action 'European Network of Individualized Psychotherapy Treatment of Young People with Mental Disorders' (TREATme) was set up to help improve mental health services in YP.

Objectives: One of the overarching aims of TREATme is to carry out a systematic review to assess for the effectiveness of psychotherapeutic interventions in YP. In this study, we present results from the systematic review of treatment effectiveness of youth interventions for mood disorders.

Methods: Following PRISMA guidelines, we systematically searched for clinical trials targeting mood symptoms in YP in PubMed and PsycINFO. The PICOS model was used to define inclusion and exclusion criteria. Included studies were selected by reaching consensus between six independent raters.

Results: The systematic search yielded 4181 papers. The title and abstract were reviewed and a consensus was reached to accept 608 papers for full-text review. As per inclusion criteria, a consensus was reached to include 91 papers into the review for effectiveness of psychotherapeutic interventions in mood disorders.

Conclusions: The results of this systematic review provides an overview of the current evidence base of youth psychotherapeutic interventions for mood disorders. Discussion of findings will emphasize the importance of personalizing psychotherapy treatment to target effectively mood disorders in YP.

Conflict of interest: No

Keywords: young people; Systematic Review; psychotherapy; Mood disorders

EPV0450

Biological and psychosocial predictors of treatment resistant depressive disorders

M. Markova^{1*}, L. Rahman², H. Kozhyna³, K. Zelenska³, I. Leshchyna⁴, V. Koshchii⁵, K. Kosenko⁶ and K. Gaponov⁷

¹Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology, Medical Abd Psychological Rehabilitation, Kharkiv, Ukraine; ²Danylo Halytsky Lviv National Medical University, Psychiatry, Psychology And Sexology, Kharkiv, Ukraine; ³KHARKIV NATIONAL MEDICAL UNIVERSITY, Psychiatry, Narcology And Medical Psychology, Kharkiv, Ukraine; ⁴Kharkiv National Medical University, Psychiatry, Narcology And Medical Psychology, Kharkiv, Ukraine; ⁵Kharkiv National Medical University, Psychiatry, narcology And Medical Psychology, Kharkiv, Ukraine; ⁶Odessa National Medical University, Psychiatry, Odessa, Ukraine and ⁷Kharkiv Medical Academy of Postgraduate Education, Narcology, Kharkiv, Ukraine
*Corresponding author.

Introduction: 30-60% of all depressive disorders show signs of resistance to treatment, which is an additional burden in the socio-economic aspect, significantly impairs the quality of life of patients, is the cause of disability and social maladaptation of depressed patients.

Objectives: To identified biological and psychosocial predictors of treatment resistant depressive disorder (TRD).

Methods: Based on comparative socio-demographic, Clinical and patho-psychological, psycho-diagnostic, laboratory biochemical and neurophysiological analysis 187 patients with TRD were examined.

Results: Neurochemical studies have shown that in TRD marked imbalance for prooxidant and antioxidant systems with upward last one, also infringement mechanisms of active transport of Na into the extracellular environment, which is a marker of violation of the integrity of cells and their subsequent damage. Neuroimmunological research in TRD showed significant dysregulation systems, cellular and humoral immune deficiency with the appearance of activity. The predominance of rhythm changes in brain structures in the right hemisphere, expressed interhemispheric asymmetry that preferentially localized in the frontal and parietal lobe of the right hemisphere, reducing synchronization signals in the frontal, parietal and central temporal cortical areas with potentiation reduce integration in both hemispheres was identified as neurophysiological predictors for TRD pathogenesis. Non-adaptive coping variants prevalent in patients with TRD, the result is a lack of medical compliance (48.3% of cases with TRD), which creates additional difficulties in treatment of such patients.

Conclusions: The principles and components of a complex treatment system for TRD were defined. The implemented system showed positive clinical dynamics, changes in social functioning and quality of life in patients with TDR

Conflict of interest: No

Keywords: treatment resistant depressive disorders; psychosocial predictors; biological predictors

EPV0453

The use of vasopressin type 1b receptor antagonists as psychotropic agents- a literature review

O. Vasiliu

University Emergency Central Military Hospital Dr. Carol Davila, Psychiatry, Bucharest, Romania

Introduction: Vasopressin is involved in the regulation of the HPA axis through vasopressin 1a (V1a) and 1b (V1b) receptors located in the limbic system, and this axis is a key structure in the regulation of social behaviors and response to stressful stimuli.

Objectives: To assess the level of evidence in favour of V1b receptor effects in Clinical and preclinical models of psychiatric disorders.

Methods: A search of major electronic databases (Cochrane, PubMed, PsychInfo, EMBASE) was performed, using keywords "vasopressin type 1b receptor", "major depression", "anxiety disorders", and "psychiatric disorders". Also, the database clinicaltrials.gov was questioned using the same keywords.

Results: ABT-436 is a V1b receptor antagonist that was investigated for major depression and showed positive results, while the tolerability was good overall, main adverse events being nausea, decreased systolic blood pressure, increased heart rate. HPA attenuation was observed during this trial with ABT-436 after 7 days. A single-dose interaction study with ABT-436 was conducted in moderate alcohol drinkers and no significant interaction was detected between the two substances. TASP0233278, TASP0390325, V1b-30N, and SSR149415 have exerted anxiolytic and antidepressant effects in several preclinical models of depression and anxiety. Also, V1b receptors antagonists have been explored for the treatment of aggressive behaviors and stress-related disorders in preclinical models.

Conclusions: Antagonism of the V1b receptors is a promising therapy for affective, anxiety, stress-related and substance-related disorders, but most data are derived from preclinical trials and more research is needed before considering it a clinically valid option.

Disclosure: The author was speaker for Servier, Eli Lilly and Bristol-Myers, and participated in clinical trials funded by Janssen Cilag, Astra Zeneca, Otsuka Pharmaceuticals, Sanofi-Aventis, Sunovion Pharmaceuticals.

Keywords: vasopressin receptors; major depressive disorder; HPA axis; anxiety disorders

EPV0461

The role of acupuncture in the treatment of depression in china

X. He

Zhengzhou University, Hospitality Management, Zhengzhou, China

Introduction: Depression is recognized as a major public health problem that has a considerable impact on individuals and society. For treating depression, antidepressants are the most popular choices. However, their undesirable side effects and delayed onset of therapeutic action are still raising concerns. The number of studies investigating the effectiveness and adverse effects of acupuncture in treating depression has increased gradually in the past decades. However, as most clinical studies or reports were published in Chinese-language journals, various acupuncture methods and their effects remain unknown for the western world.

Objectives: This article aims to provide a brief review of acupuncture and its application in the treatment of depression in China.

Methods: This research selected and reviewed some representative studies towards acupuncture application in the treatment of depression in China.

Results: Many systems of acupuncture including manual acupuncture, electroacupuncture, moxibustion, could be used to treat depression and proved to have achieved good clinical results. Electroacupuncture had an advantage in improving some factors score than manual acupuncture. Combining acupuncture and antidepressant for the treatment of depression could have a better effect than antidepressants alone and reduce side effects produced by antidepressants. Acupuncture could also reduce the recurrence rate of depression. Auricular, abdominal, and scalp acupuncture combined with body acupuncture was more effective than each of these methods alone for treating depression.

Conclusions: We believe more advanced clinical studies with reliable experimental design and rigorous data analysis methods are needed to further evaluate the effectiveness and adverse effects of acupuncture for the treatment of depression.

Conflict of interest: No

Keywords: acupuncture depression antidepressant China

EPV0462

1. Paternal postnatal depression: is it an unrecognized disorder by DSM-5 and CIE-11?

G. Hernandez-Santillan^{1*}, M.F. Bravo-Ortiz², M. Alcami Pertejo², A. Fernandez-Sanchez² and G. Lahera³

¹Universidad Autónoma de Madrid, Medicine, Madrid, Spain; ²La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and

³University of Alcalá, Faculty of Medicine, Madrid, Spain

*Corresponding author.

Introduction: Perinatal depression refers typically to women as to the most recent episode of major depression if the onset of mood symptoms occurs during pregnancy or in the 4 weeks following delivery, according to the DSM-5:F32.9; and, as a syndrome associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involves significant mental and behavioral features, following CIE11:6E20.0. However, what happens with new fathers?

Objectives: Expose justification and possible diagnostic criteria for paternal postnatal depression.

Methods: Systematic search and literature review.

Results: Depression in fathers in the postnatal period is associated with later psychiatric disorders in their children, independently of maternal postnatal depression. Strikingly, the transition to parenthood is associated with a marked deterioration in marital quality. Besides, the correlation between paternal and maternal depression was positive and moderate, which, often harms the parental-infant relationship. Depression in new fathers occurs most frequently between 3 to 6 months after birth and the meta-estimate is up to 26 % in that period. Some depressive symptoms are similar between mothers and fathers, nevertheless, men feel less able to cry and manifest vulnerability norms, and instead express externalizing depressive symptoms like anger and irritability, in

contrast to the internalizing symptoms more common among women. Furthermore, there are some specific features of “the paternal brain”.

Conclusions: The recognition of paternal postnatal depression will allow suffering fathers to be visible both clinically and socially, which will allow the implementation of specific prevention and treatment strategies for the benefit not only of them but of the whole family.

Conflict of interest: No

Keywords: postnatal depression; paternal; father*; postpartum depression

EPV0463

Impact of comorbid alcohol use disorder on health-related quality of life among clinically depressed patients

K. Luoto^{1,2,3*}, A. Koivukangas², A. Lassila², H. Sintonen⁴, E. Leinonen^{1,3} and O. Kampman^{1,3}

¹Tampere University, Faculty of Medicine and Health Technology, Tampere, Finland; ²Seinäjoki Central Hospital, Hospital District of South Ostrobothnia, Department of Psychiatry, Seinäjoki, Finland;

³Tampere University Hospital, Pirkanmaa Hospital District, Department of Psychiatry, Tampere, Finland and ⁴University of Helsinki, Department of Public Health, Helsinki, Finland

*Corresponding author.

Introduction: Depression and alcohol use disorders (AUD) have a negative impact on health-related quality of life (HRQOL) in general population. However, research on the association of comorbid AUD and HRQOL among clinically depressed patients is scarce.

Objectives: The aim of this study was to explore the change in HRQOL among specialized mental health care depressive patients who typically have various concurrent psychiatric disorders. The focus was in the impact of comorbid AUD on improvement of HRQOL in this sample.

Methods: The study population (n=242) scored at least 17 points in Beck Depression Inventory at baseline and did not suffer from psychotic disorders. Those with baseline Alcohol Use Disorders Identification Test (AUDIT) > 10 were categorized as AUD group (n=99, 40.9%). Treatment intervention comprised behavioural activation for all and additional motivational interviewing for those with AUD. HRQOL was assessed regularly during 24-months follow-up by 15D questionnaire. AUD and non-AUD patients were compared and the factors explaining 15D score were analyzed.

Results: 15D score improved in the whole study population during the first year of follow-up (improvement 0 - 6 months, p<0.001; 6 - 12 months, p=0.001). A difference between AUD groups was found only at 24-months follow-up point when mean 15D score in non-AUD group was better (p=0.002). In linear mixed model for 15D the changes were better explained with other factors than comorbid AUD.

Conclusions: The treatment intervention was successful in terms of improvement in HRQOL regardless of the comorbid AUD.

Conflict of interest: No

Keywords: Depressive disorder; alcohol use disorder; health-related quality of life

EPV0464

The prevalence and associated factors of depressive disorders in preclinical medical students

G. Kittipongpaisal¹, N. Cheeptham¹, N. Limsakul¹, P. Phornphiphatphong¹, B. Maneeton², S. Kawilapat² and N. Maneeton^{2*}

¹Chiang Mai University, Faculty of Medicine, Chiang Mai, Thailand and ²Chiang Mai University, Department of Psychiatry, Faculty of Medicine, Chiang Mai, Thailand

*Corresponding author.

Introduction: Depressive disorder is a common psychiatric illness in medical students. The high risk of depressive disorders in the medical students may result from various factors. Since the depression could lead to low academic achievement, low quality of life and suicidality in the medical students, identification of risk factors for depression is beneficial.

Objectives: This study aims to determine the prevalence and associated factors of depressive disorder in the preclinical medical students of Chiang Mai University, Thailand.

Methods: This cross-sectional study was conducted in the preclinical medical students of Chiang Mai University in October 2018. Basic characteristic data and potential risk factors of depression were gathered. Additionally, depressive disorder was evaluated by using the 9-items-patient health questionnaire. Analysis of multivariable ordinal logistic regression was used to identify the independent association of variables with depression.

Results: The study found that the prevalence of depressive disorder in preclinical students was high (19.9%). The factors that significantly associated with depressive disorder among those medical students consisted of performing activity alone or not attending any activity; having underlying medical illness; high self evaluation on stress; stressors resulted from family members; and solving the problem by running away, aggressive behavior, and nightlife outing. However, playing sport in leisure time could reduce risk of depressive disorder.

Conclusions: According to these findings, prevalence rate of depressive disorders among preclinical medical students is high. Consequently, identification of the risk or protective factors may be beneficial in those medical students. However, further well-designed study may warrant these outcomes.

Disclosure: This study received grant support from the Faculty of Medicine, Chiang Mai University and partial support from Chiang Mai University.

Keywords: Depressive disorder; medical student; Traumatic event

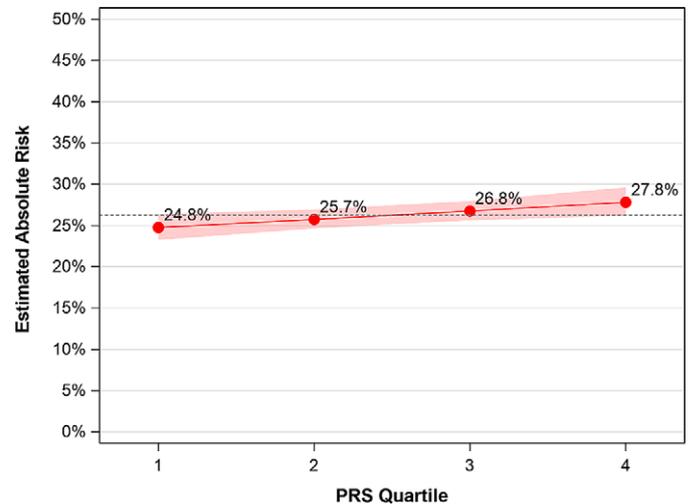
EPV0467

Polygenic liability and relative and absolute risk of recurrence in hospital-treated depression patients in denmark

K. Musliner^{1*}, B. Vilhjálmsón¹, C. Albiñana Clemente¹, E. Agerbo¹, G. Breen², J. Coleman², S. Østergaard³ and P. Mortensen¹

¹Aarhus University, National Center for Register-based Research, Aarhus, Denmark; ²Kings College London, Institute of Psychiatry, Psychology And Neuroscience, London, United Kingdom and ³Aarhus University Hospital, Psychiatry, Department of Affective Disorders, Aarhus N, Denmark

*Corresponding author.



Introduction: Family studies suggest that individuals with recurrent depressive disorder have a higher genetic liability for depression than individuals with a single depressive episode. However, no study has examined the direct effects of genetic liability on the relative and absolute risks for recurrence among individuals with depression.

Objectives: To estimate the effects of polygenic liabilities for major depression (PRS-MD), bipolar disorder (PRS-BD) and schizophrenia (PRS-SZ) on relative and absolute risk for recurrence among first-onset, hospital treated depression patients in Denmark.

Methods: We identified 14,812 individuals from the iPSYCH2012 sample (69% female, ages 10-30 at first depression diagnosis) diagnosed with depression between 1994-2011. Patients were followed from their first depression diagnosis until their first recurrence, death, emigration or December 31, 2016, whichever came first. PRS variables were trained using the most recent results from the Psychiatric Genomics Consortium and 23andMe. Relative and absolute hazards were estimated using cox regression.

Results: Patients were followed for up to 21 years (Median=6.4 years, IQR=4.6). 27.5% of the sample experienced at least one recurrent episode. There was a small but statistically significant association between PRS-MD and risk of recurrence: for each 1 SD increase in PRS-MD, risk of recurrence increased by 5% (HR=1.05, 95% CI=1.02-1.08, p=.0005). Absolute risk for recurrence increased by around 1% for each quartile of PRS-MD (Figure 1). PRS-BD or PRS-SZ were not associated with recurrence.

Conclusions: Higher polygenic liability for major depression is associated with increased risk for recurrence among first-onset depression patients, however the impact on absolute risk is modest.

Conflict of interest: No

Keywords: genetics; Dépression; absolute risk; recurrence

EPV0470

Effects of a single ketamine infusion on working memory-related brain activity in severely depressed patients: a functional magnetic imaging study

A. Stippl^{1*}, M. Gärtner^{1,2}, A. Herrera¹, M. Bajbouj¹, S. Grimm^{1,2,3} and S. Aust¹

¹Charité Universitätsmedizin, Klinik F. Psychiatrie U. Psychotherapie, Campus Benjamin Franklin, Berlin, Germany; ²MSB Medical School Berlin, Hochschule Für Gesundheit Und Medizin, Berlin, Germany

and ³Department of Psychiatry, Psychotherapy and Psychosomatics, University Of Zurich, Psychiatric Hospital, Zurich, Switzerland, Zuerich, Switzerland

*Corresponding author.

Introduction: Major depressive disorder (MDD) as one of the most prevalent mental disorders is still lacking therapeutic treatment methods with a short onset of action. Ketamine exhibits a rapid antidepressive effect, which is most pronounced 24h after a single infusion. Working memory (WM) impairments that play a major role in MDD appear to be positively influenced by ketamine. Neuroimaging studies have demonstrated that cognition-emotion interaction-related fronto-cingulate structures are often dysregulated in depressive patients during cognitive engagement.

Objectives: To our knowledge, the influence of ketamine on WM-related brain activity in severely depressed patients has not been investigated yet.

Methods: In order to shed light on the underlying mechanisms we investigated brain activity levels pre and post a single ketamine infusion in a sample of 16 severely depressed patients during an emotional WM task.

Results: Our results indicate that baseline activity levels in the lateral and medial prefrontal cortex and in the anterior cingulate cortex predict symptom improvement 24 hours after ketamine. Additionally, activity changes after ketamine in the left DLPFC were linked to reduction in depressive symptoms.

Conclusions: Interestingly, these effects were most pronounced regarding the improvement of cognitive symptoms. As the ACC and prefrontal cortex are both thought to be crucially involved in the regulation of cognition-emotion interaction and MDD mechanisms, the observed interaction might be directly linked to the neurobiological processes underlying the antidepressive effect of ketamine.

Conflict of interest: No

Keywords: ketamine; major depressive disorder; Cognition-emotion interaction; Fronto-cingulate regions

EPV0472

Modulation of hippocampal functional connectivity and depressive symptom improvement following ECT

A. Takamiya*, T. Kishimoto, J. Hirano, K. Nakajima, N. Katayama, T. Kikuchi, B. Yamagata, A. Nakagawa and M. Mimura

Keio University School of Medicine, Department of Neuropsychiatry, Tokyo, Japan

*Corresponding author.

Introduction: Electroconvulsive therapy (ECT) is the most effective treatment for severe depression. Compared to a wealth of evidence about ECT-induced hippocampal volume increase, little is known about the effect of ECT on hippocampal functional connectivity (FC) and its association with clinical effect of ECT.

Objectives: To test whether the hippocampal FC changes induced by ECT were associated with clinical improvement.

Methods: Resting-state functional MRI (rs-fMRI) was acquired before and after bilateral ECT in depressed individuals. A priori hippocampal seed-based FC analysis was conducted to investigate FC changes associated with clinical improvement. Depressive symptoms were evaluated using the 17-item Hamilton Depression Rating Scale (HAM-D). The analysis was conducted in the

CONN toolbox, including seed-to-voxel maps as seeds, time as between-conditions contrast, and percentage change in HAM-D as between-subjects contrast. Age, sex, and baseline HAM-D scores were included as nuisance covariates. The statistical threshold was set at cluster-level false discovery rate (FDR)-corrected $p < 0.05$ with a voxel height of $p < 0.001$.

Results: Twenty-seven depressed individuals (67.5 ± 8.1 years old; 19 female) participated in the study. Connectivity changes between the right hippocampus and one cluster located in the ventromedial prefrontal cortex (vmPFC) showed positive correlation with HAM-D changes. Connectivity changes of the left hippocampal seed did not show any correlations with HAM-D changes.

Conclusions: Depressive symptom improvement after ECT was associated with right hippocampus-vmPFC connectivity changes. Given previous studies investigating other antidepressant treatments, modulation of the right frontolimbic connectivity may be critical for recovery from depression regardless of treatment modality.

Conflict of interest: No

Keywords: Hippocampus; functional connectivity; Electroconvulsive Therapy; Depressive disorders

EPV0473

There are no changes in serum ciliary neurotrophic factor concentration in patients with melancholic depression under antidepressive therapy.

M. Uzbekov* and S. Shikhov

Moscow Research Institute of Psychiatry, Brain Pathology, Moscow, Russian Federation

*Corresponding author.

Introduction: Ciliary neurotrophic factor (CNTF) is a 22-kDa cytokine belonging to interleukin-6 family and is mainly expressed in glial cells. CNTF is neurotrophin acting as neuroprotective agent. Physiological relevance of circulating CNTF still needs to establish.

Objectives: There are no reports in literature regarding serum concentration of CNTF in depression.

Methods: There were investigated 27 patients with MD at admission and after 30 days of antidepressant therapy (venlafaxine – 75-150 mg/day) and 11 healthy volunteers. Patient's state was defined as depressive episode in frame of bipolar depressive disorder (type 2) (F32) and in structure of recurrent depressive disorder (F33). CNTF concentration in serum was assessed by ELISA method. Statistical analysis was performed using Wilcoxon-Mann-Whitney u-test. Difference was considered as significant at $p=0.05$.

Results: At admission CNTF concentration in serum of MD patients was 679.11 pg/ml of serum. It was significantly for 71.7 % higher in comparison with healthy subjects (405.96 pg/ml of serum, $p=0.01$). It is shown the first time in literature that depression is followed by increased CNTF level in blood serum. After 30 days of venlafaxine therapy there were found no changes of CNTF concentration in blood serum; it was on the level characteristic for patients at admission.

Conclusions: CNTF cannot reveal its neuroprotective functions in brain because of immediate leakage through damaged blood-brain barrier in blood stream.

Conflict of interest: No

Keywords: ciliary neurotrophic factor; venlafaxine; blood-brain barrier; melancholic depression

EPV0477

A rating scale-derived anxious depression subtype does not predict treatment failure, response or remission in patients treated with ssris or placebo

M. Duicu^{1*}, F. Hieronymus² and S. Østergaard³

¹Randers Regional Hospital, Psychiatry, Randers, Denmark; ²Aarhus University, Department of Clinical Medicine, Aarhus, Denmark and

³Aarhus University Hospital, Psychiatry, Department of Affective Disorders, Aarhus N, Denmark

*Corresponding author.

Introduction: In 2018, Ahmad and co-workers reported that an RDoC-inspired anxious depression (AD) subtype derived from the Hamilton Depression Rating Scale (HDRS) significantly predicted remission in antidepressant treated subjects participating in non-placebo-controlled studies in major depression.

Objectives: To investigate (1) whether the association replicated in antidepressant-treated patients participating in placebo-controlled studies, and (2) if it would be present also in placebo-treated patients

Methods: We conducted a pooled, post-hoc analysis of 4832 patients who had completed six weeks of treatment with a selective serotonin reuptake inhibitor or placebo. AD was defined according to the criteria proposed by Ahmad and colleagues. Logistic regression was used to assess the three outcomes treatment failure, response and remission. All outcomes were assessed by both the full 17 item HDRS and the unidimensional HDRS-6 subscale. We first assessed whether there was an interaction between treatment and AD for any outcome parameter on either outcome measure. If there was no interaction, we conducted follow-up analyses stratified by treatment.

Results: There were no interactions between treatment and AD for any outcome on either outcome measure. The AD subtype did not significantly predict any outcome on either outcome measure in the stratified analyses.

Conclusions: The association between HDRS-defined AD and remission reported by Ahmad and co-workers was not replicated. This could be due to differences in trial design, e.g., placebo-controlled vs non-placebo-controlled, 6 week vs 8 week trial duration, etc. Nonetheless, in this population, the AD subtype was not a useful predictor of treatment outcomes.

Conflict of interest: No

Keywords: SSRIs Anxious Depression Predictive Scale

EPV0478

Quality of life in major depressive disorder

A. Guerhazi*, N. Smaoui, S. Omri, I. Lajmi, R. Feki, M. Maalej Bouali, N. Charfi, N. Zouari, J. Ben Thabet, L. Zouari and M. Maalej Hedi Chaker University Hospital, Psychiatry C Department, Sfax, Tunisia

*Corresponding author.

Introduction: The morbidity of major depressive disorders (MDD) is not related only to affective changes but has many social and functional aspects and the indicators of their evolution are expressed in terms of quality of life (QOL).

Objectives: Our objectives were to evaluate the QOL of euthymic patients with MDD compared to healthy controls (HC) and to identify factors associated with its impairment.

Methods: This is a comparative and analytical study, conducted over 3 months, involving 30 euthymic patients with MDD, who were followed up in the outpatient psychiatry Department of Hedi Chaker University Hospital in Sfax (Tunisia). They were compared to 34 HC. General, Clinical and therapeutic data were collected using a pre-established questionnaire. QOL was assessed with the «36 item Short-Form Health Survey» (SF-36).

Results: Relative to HC, patients with MDD had decreased overall SF-36 scores (50.88 vs 73.78; $p < 10^{-3}$) and decreased physical and psychological subdomain scores ($p < 10^{-3}$; $p < 10^{-3}$). The study of the dimensional average scores of QOL via SF-36 and different variables revealed correlations between; impaired physical functioning and advanced age ($p = 0.026$), impaired vitality and hospitalization frequency in psychiatry ($p = 0.047$), physical health problems and psychotropic association ($p = 0.05$), emotional health problems and poor adherence to treatment ($p < 10^{-3}$), and impaired global QOL and widowhood and divorce ($p = 0.03$).

Conclusions: QOL in the MDD is impaired even in the remission phase. This result encourages us to conceive the patient in his entire life not only from the angle of the disease alone.

Conflict of interest: No

Keywords: major depressive disorder; quality of life

EPV0479

Depressive disorder, anxiety, somatisation of cardiological inpatients

N. Kornetov^{1*}, O. Molodykh², N. Zvereva^{3,4} and A. Arzhanik³

¹Siberian State Medical University, Department of Psychiatry, Drug Addiction, Psychotherapy, Tomsk, Russian Federation; ²Siberian State Medical University, 4th Year Student Of The Medical Faculty, Tomsk, Russian Federation; ³Siberian States Medical University, 4th Year Student Of The Medical Faculty, Tomsk, Russian Federation and ⁴Federal state BUDGETARY INSTITUTION "SIBERIAN FEDERAL SCIENTIFIC and CLINICAL CENTER of the FEDERAL MEDICAL and BIOLOGICAL AGENCY" of Russia, Cardiology, Seversk, Russian Federation

*Corresponding author.

Introduction: depression, anxiety and somatization are closely related to each other and are a serious public health problem.

Objectives: to study various somatic complaints of cardiological inpatients (CIP) to assess their severity in major depressive disorder (MDD) to assess the relationship between somatization and anxiety.

Methods: A cross-sectional study was conducted on 127 inpatients of the cardiology department also underwent HADS, SHAPS, and VAS to assess depression, anxiety, and pain. We compared the frequencies of standardized somatic complaints in inpatients without D ($n = 58$) and with MDD ($n = 27$).

Results: a marked increase in standardized symptoms with MDD (Tabl.). It's probably not somatic conditions. Tabl.

Conclusions: Conclusion: in patients with cardiovascular disease MDD is combined with difficult somatization and anxiety.

N	Symptoms	Without D	With MDD	P
1	Backache	18 (31,0%)	18 (66,7%)	0,002
2	Pain in the neck, shoulder	16 (27,6%)	15 (55,6%)	0,012
3	Abdominal pain	5 (8,6%)	6 (22,2%)	0,084
4	Headache	21 (36,2%)	16 (59,3%)	0,039
5	Fatigue	27 (46,6%)	20 (74,1%)	0,015
6	Diarrhea	1 (1,7%)	0 (0,0%)	0,682
7	Constipation	6 (10,3%)	11 (40,7%)	0,001
8	Other	8 (13,8%)	0 (0,0%)	0,039
9	Feeling of heaviness in the chest	16 (28,1%)	12 (44,4%)	0,108
10	Insomnia	15 (25,9%)	16 (59,3%)	0,003
11	Loss of appetite	3 (5,3%)	7 (25,9%)	0,010
12	Intensive pain	3,0 (1,0; 5,0)	5,0 (4,0; 7,0)	0,0005
13	Ahgedonia	2,0 (0,0; 3,0)	4,0 (2,0; 7,0)	0,0001
14	Anxiety	7,0 (4,0; 9,0)	10,0 (8,0; 12,0)	0,0001

Conflict of interest: No

Keywords: Educational Program; Depressive disorder; comorbidity; Cardiologic inpatients

Eating disorders

EPV0483

Life quality of patients with anorexia nervosa and bulimia nervosa.

I. Belokrylov*, E. Okonishnikova, A. Brukhin and A. Lazukova
Peoples' Friendship University of Russia (RUDN University),
Department of Psychiatry And Medical Psychology, Moscow, Russian Federation
*Corresponding author.

Introduction: Assessing the quality of life of patients with various mental disorders allows us to identify the greatest risks of the disease, therefore, choose the best methods for its treatment and rehabilitation. For patients with eating disorders, many questions about their quality of life remain open.

Objectives: To establish quality of life parameters for patients with eating disorders, this study was conducted.

Methods: The study of 130 female patients with Anorexia nervosa (AN), and bulimia nervosa (BN) at the age of 13-44 years (average age is 18). The disease duration from 6 months to 24 years. Non-specific questionnaire to assess life quality, created on the basis of the WHO methodology (SF-36).

Results: The following regularities of the evaluation of physical (PH) and psychological (MH) health components are established. The reduced PH value is identified in 26,92% of patients; the

average PH value in 65,38% of patients; the increased PH value in 7,69% of patients. The low MH value is identified in 26,92% of patients; the reduced MH value in 53,08% of patients; the average MH value in 20% of patients. High value of life quality on physical and psychological components is not registered.

Conclusions: AN and BN are associated with a low quality of life for patients in the field of physical and mental health, as well as with poor social functioning. These data confirm the thesis about the need for timely and active treatment and rehabilitation measures in relation to this patient population.

Disclosure: The publication was prepared with the support of the "RUDN University Program 5-100".

Keywords: Anorexia nervosa and bulimia nervosa; Life quality

EPV0484

Clinical manifestations of anorexia nervosa in patients with schizophrenia and schizotypal disorder.

I. Belokrylov*, T. Lineva, A. Brukhin, G. Kirsanova and V. Karnozov

Peoples' Friendship University of Russia (RUDN University),
Department of Psychiatry And Medical Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: Anorexia nervosa is a widespread disease that occurs more often in adolescence and adolescence. Anorexic syndrome can be observed in schizophrenia and schizophrenic spectrum disorders.

Objectives: To describe the manifestations and identify patterns of anorectic symptoms in pseudopsychopathic schizophrenia and schizotypal disorder.

Methods: 200 patients with anorexia nervosa (150 women and 50 men), mainly of adolescent and youthful age, were comprehensively studied. The Research Methods: clinical-and-psychopathological, catamnestic, psychometric and statistical methods.

Results: Along with symptoms of anorexia nervosa, schizotypal disorder was revealed in 115 patients, and pseudopsychopathic schizophrenia was revealed in 85 patients. Anorexia nervosa was a manifest syndrome of the underlying disease in 80% of patients; anorexia syndrome appeared with pre-existing manifestations of schizotypal disorder and pseudopsychopathic schizophrenia in 20% of patients. The patients had delusional beliefs of having excess weight. The motives for weight loss were not considered dysmorphic, but rather delusional hypochondriac or nonsensical ideas of self-improvement. The negative manifestations of the underlying disease increased relatively slowly. Doses of antipsychotic medications depended not only on the clinical presentation of the underlying disease, but also on the degree of exhaustion due to anorectic behavior.

Conclusions: Anorexia nervosa syndrome is more often manifest in schizotypal disorder and pseudopsychopathic schizophrenia. Anorectic symptoms differ polymorphism and undergoes typical dynamics of the underlying disease.

Disclosure: The publication was prepared with the support of the Peoples' Friendship University Program 5-100.

Keywords: Anorexia nervosa; schizophrenia; schizotypal disorder; comorbidity

EPV0487

Non bulimic shitty meal

A. Costa*, J. Borges, P. Macedo, G. Santos, R. Leite and J. Alcaface
Baixo Vouga's Hospital Center - Aveiro, Department of Psychiatry
And Mental Health, Aveiro, Portugal

*Corresponding author.

Introduction: Coprophagia is a relatively rare phenomenon characterized by the ingestion of feces, and it is usually classified as a rare form of pica. It has been associated with multiple organic causes or mental disorders such as brain tumors, alcoholism, mental retardation, dementia, schizophrenia, depressive disorders or fetishism.

Objectives: Case report and reflection on its etiology.

Methods: A Pubmed search was performed with the MeSH terms "Coprophagy" and "pica". Relevant articles obtained from the respective bibliographic references were also consulted.

Results: A 56-year-old man with a history of psychiatric follow-up with a diagnosis of schizophrenia and cognitive impairment, assessed for behavioral changes such as cat feces intake. After possible organic causes were excluded, treatment with supportive psychotherapy and pharmacologically began with a selective serotonin reuptake inhibitor, fluoxetine, along with treatment for schizophrenia with haloperidol and risperidone.

Conclusions: According to literature, coprophagia often occurs associated with other medical or neuropsychiatric conditions. Although the etiology, pathophysiology and management remains unclear, several pharmacologic treatments have been attempted with some degree of success. We describe a case of unusual behavior, coprophagia, associated with cognitive impairment and schizophrenia that responded favorably to fluoxetine although without complete remission, in order to contribute to a future nosological redefinition.

Conflict of interest: No

Keywords: Coprophagy; Cognitive impairment; pica; schizophrenia

EPV0492

Psychodiagnostic evaluation of obesity. Rorschach and bariatric surgery.

D. Galletta*, F. Micanti, A.M. Mastrola and V. Suarato

Department of Head-Neck Care Unit of Psychiatry and Psychology "Federico II" University Hospital Naples, Italy, Department of Head-neck Care Unit Of Psychiatry And Psychology "federico II" University Hospital Naples, Italy, Naples, Italy

*Corresponding author.

Introduction: Study wants explore, through rorschach test, with Exner method, salient statistical variables

Objectives: useful to differentiate and compare different DCA in comorbidity with obesity, but also to outline clearly a plan for diagnosis, intervention and prognosis, more functional to possible bariatric surgery; in line whit the guidelines of SICOB.

Methods: Within a larger sample of afferent at the psychodiagnostic and neuropsychological clinic, and obesity surgery of AOU Federico II of Naples, the study was conducted on a selection of 70 subjects, suffering from severe obesity and associated eating disorder. For exploratory purposes, of assesment was considered only rorschach test, according to the Exner methodology.

Results: Data emerged from study of structural summaries and constellations, shows:

Conclusions: coping style characterized by intense emotional fluctuations, which interfere with the activity of thought, attention and concentration in decision-making processes ($M=0$ WSumC>3,5) and therefore oriented for 55% of subjects to extratension and for the rest to ambitendency ($M=$ WSumC) Low suicidal risk (S-CON <8) general poor ability to make decision and carry out actions aimed at dealing with internal or external demands, associated with organizations of unripe personalities, with a tendency to avoid complex situations and poorly capable of interpersonal relations ($D<0$; Adj.D -1 ; CDI>3; Lambda>0.99) elevation of key variable CDI (>3) indicate possible social incompetence, interpersonal problems and ineffective coping; DEPI (>5) indicates a depressive trend and a greater clinical interest in affective area; DEPI & CDI, with activated simultaneously indicate the presence of mood disorder related to interpersonal relationships and general demoralization.

Conflict of interest: No

EPV0493

Treating ultra-orthodox young women with eating disorder in israel: culturally-sensitive interventions, difficulties, and dilemas.

Y. Latzer^{1*}, D. Stein² and E. Witztum³

¹Haifa university, Social Welfare And Health Sciences, Haifa, Israel;

²Safra Children's Hospital, Chaim Sheba Medical Center, Tel Hashomer, Department of Psychiatry, Tel Hashomer, Israel and ³Ben Gurion University of the Negev, Department of Psychiatry, Beer Sheva, Israel

*Corresponding author.

Introduction: Young ultra-Orthodox women in Israel have been faced in recent years with a greater risk of developing disordered eating, as they are more exposed to Westernized norms of the thin-body ideal, self-realization, and personal choice. Most are treated by mainstream Israeli psychotherapists who likely have different value systems and different perspectives on the nature of illness, aims of treatment, and recovery. Ultra-Orthodox psychotherapists may well experience a conflict between a need to be loyal to their patients and a concomitant need to honor the values of patients' families and the community from which they come.

Objectives: The current article presents a theoretical background and four case studies highlighting the complexities and controversies inherent in the treatment of these women.

Methods: Theoretical background and four case studies highlighting the complexities and controversies treating these women.

Results: The description of the four cases suggests that young Ultraorthodox Jewish women may develop disordered eating because of conflicts that are specific to their own society, but that may simultaneously result from their growing exposure to mainstream Israeli Westernized norms. Solution of these conflicts may assist in improving the disordered eating symptoms, yet put these young women in a dispute with their families and their community at large.

Conclusions: Both ultraorthodox and secular psychotherapists treating Jewish Ultraorthodox women with disordered eating must be knowledgeable in both Judaism and psychology. They must also be flexible, creative, and emphatic to both the patient and her family

and community, to arrive at a compromised definition of recovery that can be accepted by all parties concerned.

Conflict of interest: No

Keywords: religiosity; eating disorders; Culture; ultra-Orthodox

EPV0495

Food addiction in mexican population

L. Munguía^{1*}, E. Valenciano Mendoza¹, R. Granero², R.M. E. Guzmán Saldaña³, S. Jiménez-Murcia⁴, G. Fazio⁵, T. Mena-Moreno⁶, B. Mora⁶, F. García³, A. Gaspar³, G. De La Cruz Mendez³ and F. Fernandez-Aranda⁷

¹University of Barcelona, Clinical Sciences Department, School of Medicine, Barcelona, Spain; ²Universitat Autònoma de Barcelona, Departament De Psicobiologia I Metodologia De Les Ciències De La Salut, Barcelona, Spain; ³Autonomous University of the Hidalgo State, Psychology Academic Area, Pachuca, Mexico; ⁴University Hospital of Bellvitge, Department of Psychiatry, Hospitalet del Llobregat (Barcelona), Spain; ⁵University "Magna Graecia" of Catanzaro, Department of Medical And Surgical Sciences, Catanzaro, Italy; ⁶Bellvitge University Hospital and CIBERobn, Psychiatry, Barcelona, Spain and ⁷University Hospital Bellvitge-IDIBELL and CIBERobn, Psychiatry, Barcelona, Spain

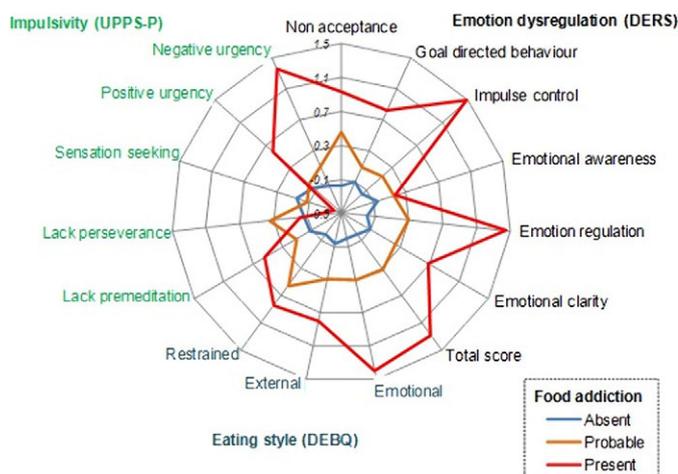
*Corresponding author.

Introduction: In México obesity rates have been increasing in the last years. Food addiction (FA) has been considered a factor that could explain processes or behaviors associated with obesity.

Objectives: The aim of this study was the identification of risk patterns of FA and its association with other variables in healthy Mexican population.

Methods: We hypothesized that a higher risk of FA will be higher levels of impulsivity, emotion dysregulation, and emotional and external eating styles. The sample consisted of 81 female (61) and male (20) volunteers university students from Pachuca city in México, with an average age of 20.0 years old (SD = 1,7). The questionnaires EDI-2, YFAS 2.0, DERS, UPPS-P, and DEBQ were applied.

Results: Figure 1: Radar-chart (z-standardized means are plotted) (n=81) Three groups were defined by the FA severity (Figure 1). The presence of FA was more strongly associated to higher scores in the three DEBQ scales, in the DERS impulse control, emotion regulation and total score, and in the UPPS-P lack of premeditation and



negative urgency. Compared with the group without FA, the FA-probable scoring was related to higher levels in the DEBQ external and restrained scales, and in the DERS total; FA-probable group also registered the highest mean score in the DERS non acceptance scale compared with the other groups.

Conclusions: To our knowledge, this is the first study that explores FA in Mexican population. Considering that, the identification of different patterns of FA that could be associated with obesity, could lead to better prevention and treatment approaches.

Disclosure: The present work was supported by a grant to the presenter author from the Mexican Institution: "Consejo Nacional de Ciencia y Tecnología" (CONACYT).

Keywords: obesity; food addiction; Mexican population

EPV0497

Motivation index as a prognosis indicator in bariatric surgery.

S. Nuñez Sevillano^{1*}, A. Serrano García², I. González Rodríguez³ and P. García Vázquez²

¹Complejo Asistencial Universitario de León, Psychiatry, León, Spain;

²Complejo Asistencial Universitario León, Psiquiatría, León, Spain and

³Complejo Asistencial Universitario de León, Psiquiatría, León, Spain

*Corresponding author.

Introduction: As a requirement for a bariatric surgery, a multi-disciplinary team must explore and evaluate each patient in order to ensure that candidate has not any psychopathological condition or a low knowledge or motivation that became a contraindication.

Objectives: The purpose of this study is to know if the motivation index built from ACTA subscales is an adequate tool to evaluate potential bariatric surgery patients

Methods: This is a retrospective observational study. All patients evaluated for bariatric surgery were revised and two comparison groups were conformed. One with approved patients and other with rejected ones. We compared the different values of test applied and we built a motivation index using the ACTA subscales in order to find if it was able to discriminate between both groups. The motivation index can be obtained adding the action plus the maintenance score and deducting the contemplation and the pre-contemplation scores. The comparison between groups was done using a t-test.

Results: 145 patients were evaluated for bariatric surgery, ranging in age from 26 to 64 years with a mean age of 44,88 +/- 9,53. From those, 104 were approved for this surgery, while 41 were denied. The motivation index mean in the approved group was 26,28 while it was 12,80 in the denied group. This differences is statistically significant (p>0'001)

Conclusions: The motivation index has a lower score in patients that have been denied to surgery, regardless of other patients' diagnoses.

Conflict of interest: No

Keywords: Motivation; bariatric surgery; prognosis

EPV0498

Disordered eating behavior and body image in junior medical students

S. Petunova^{1*}, E. Lazareva¹, A. Zakharova¹, D. Hartfelder¹, G. Dulina¹, Y. Petunova² and E. Nikolaev³

¹Ulianov Chuvash State University, Social And Clinical Psychology Department, Cheboksary, Russian Federation; ²I.M. Sechenov First Moscow State Medical University, Faculty of Medicine, Moscow, Russian Federation and ³Ulianov Chuvash State University, Faculty of Medicine, Cheboksary, Russian Federation

*Corresponding author.

Introduction: Medical education is intended to give future professionals knowledge about health care, which can be applied to them as well. How justified are expectations concerning eating behavior?

Objectives: The research goal is to explore prevalence, intensity and interconnections of disordered eating behavior manifestations in junior medical students.

Methods: Using the Eating Disorder Inventory (EDI) and Skugar-evsky & Sivukha's Body image questionnaire, we surveyed 101 male and female 1-2 year medical students (mean age 19.9).

Results: Every second student out of three (66.3%) showed medium or high level of drive for thinness, every second (48.5%) revealed signs of bulimia, with all the surveyed demonstrating dissatisfaction with their body. High level of drive for thinness and bulimia was noted in every tenth (9.9%) and every sixth (18.8%) accordingly. All of them were female. Every third of the surveyed students (31.6%) showed also a high level of perfectionism, every second (56.4%) – interpersonal distrust, every sixth (17.8%) – interoceptive awareness. Every third revealed a high level of dissatisfaction with their appearance (34.6%), every second showed a medium level of such dissatisfaction (48.5%). At the same time, body image dissatisfaction directly correlated with drive for thinness ($p < 0.05$) and bulimia ($p < 0.05$).

Conclusions: Medical students, more often females, have higher risks of developing eating behavior disorders. Trying to comply with the imposed standards of successfulness and beauty, being dissatisfied with their body image, they attempt at strict control of their meals. Knowledge of medicine acquired in their first two years of study does not always prevent this.

Conflict of interest: No

Keywords: eating behavior; body image; body dissatisfaction; medical students

EPV0500

The relationship between body mass index and internet problematic use, eating disturbances, sleep difficulties, and psychological distress in portuguese university students

M.J. Soares^{1*}, A.T. Pereira¹, B. Maia², A. Gomes³ and A. Macedo¹

¹University of Coimbra, Faculty of Medicine, Department of Psychological Medicine, Coimbra, Portugal; ²The Catholic University of Portugal, Faculty of Philosophy And Social Sciences, Braga Regional Centre, Braga, Portugal and ³University of Coimbra, Faculty of Psychology And Educational Sciences, Coimbra, Portugal

*Corresponding author.

Introduction: Body mass index (BMI), in overweight and obese individuals, have been associated with sedentary habits, unhealthy use of internet, eating disturbances, sleep difficulties, and psychological distress.

Objectives: To investigate the association between BMI and internet use patterns and problematic use, eating disturbances, sleep difficulties, and psychological distress among Portuguese university students

Methods: 456 students (76.9% females; mean±SD age=20.30±1.90 years old) fulfilled a questionnaire that include questions on sociodemographic data, internet use patterns, eating habits during internet use, the Portuguese version of the Generalized Problematic Internet Use Scale 2 (GPIU), the Eating Attitudes Test 25, the Depression, Anxiety, Stress Scale 21, and the Basic Scale on Insomnia Complaints and Quality of Sleep (BaSIQS).

Results: BMI mean score was of 22.01 (SD=2.91, range 15-35), underweight were 6.1%, normal weight 81.1%, overweight 10.7% and obese 2%. Significant correlations were found between BMI and individual's perception that online activity's impair the quality of their interpersonal relationships ($r=.104$, $p < .05$), consume of sweet/salty/ starchy foods during online activity's ($r=.107$, $p < .05$), global eating disturbances ($r=.174$, $p < .01$), diet concerns ($r=.301$, $p < .01$), bulimic behaviours ($r=.204$, $p < .01$), social pressure to eat ($r=-.430$, $p < .01$), psychological distress ($r=.114$, $p < .05$), stress ($r=.101$, $p < .05$), anxiety ($r=.128$, $p < .01$). None of the GPIU and BaSIQS total and dimensions scores were significantly related to BMI.

Conclusions: The results do not support the association between students BMI and internet use patterns and problematic use. The kind of food consumed during online activity's, eating disturbances and psychological distress should be addressed by intervention strategies for overweight students.

Conflict of interest: No

Keywords: Body mass index; sleep and eating disturbances; Internet problematic use; Psychological distress

EPV0501

The influence of family alcoholism on the development of eating disorders

M. Artemieva*, R. Suleimanov, I. Danilin, A. Arseniev and D. Shumeyko

Peoples' Friendship University of Russia (RUDN University), Department of Psychiatry And Medical Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: Hereditary alcoholism of parents was noted in 29% of patients. Regular alcohol abuse was rather normative in 71% of patients' fathers, while being raised with an insufficient father role model (61% of patients with ED).

Objectives: The aim of the study was to investigate the role of alcoholism in the formation of eating disorders.

Methods: The etiological role of parental alcohol abuse in the development of ED has also been confirmed by the analysis of the terms of conception and duration of pregnancy in mothers of the patients.

Results: There was found a statistically significant ($p < 0.01$) prevalence of conception periods attributable to culture-mediated periods of mass alcoholism in Russia: a decade of New Year celebrations as well as the period of summer holidays. The prevalence of alcoholism among patients in the study group was 13% (16 cases) with a catamnestic follow-up duration of more than 5 years, while the prevalence of alcoholism in patients with bulimia nervosa was 3.2 times greater than that of anorexia nervosa.

Conclusions: The patients' subjectively marked change in the attitude towards alcohol intake is noteworthy: with prolonged restriction in food and low body weight, more than half of patients noted the appearance of cravings for alcohol, while before the onset of the disease, anorexia nervosa and bulimia 92 (77%) patients experienced a neutral or negative attitude towards alcohol, felt

unpleasant consequences when taking even small doses of low-alcohol drinks, noted "body intolerance to alcohol". The publication was prepared with the support of the "RUDN University Program 5-100"

Conflict of interest: No

Keywords: eating disorders; alcoholism; comorbidity

EPV0502

Correlation between catecholamine expression and clinical features of eating disorders

M. Artemieva*, I. Danilin, R. Suleimanov, A. Lazukova and D. Shumeyko

Peoples' Friendship University of Russia (RUDN University), Department of Psychiatry And Medical Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: 120 patients were divided into 3 groups: 1) with frequent psychogenic vomiting; (ICD-10 F50.5 n=30) 2) with severe depletion due to the prolonged persistent refusal of food with episodes of induced vomiting to lose weight (ICD-10 F50.0 n=40) 3) with Bulimia Nervosa (F50.2 n=50).

Objectives: The aim was to assess the functional state of catecholamine system patients with ED.

Methods: The high-performance liquid chromatography was used.

Results: Laboratory studies have identified a marked reduction in the number of excreted free catecholamines in patient's groups 1 and 2 (noradrenaline 0.8 ± 0.1 ng/min; adrenaline 0.5 ± 0.1 ng/min; dopamine 10.1 ± 0.26 ng/min), that coincided with the indicators of severe asthenic depression. In the third group, there was a marked increase in dopamine excretion (1147.8 ± 189 ng/min) during the period coinciding with the withdrawal in varying circumstances, that reached normal levels by the twentieth day of treatment (169.5 ± 7.5 ng/min). The normalization of the aforementioned marker confirms adherence to dietary plans, which is diagnostically relevant in the cases of dissimulation and obstinate attempts to continue binge-eating and purging.

Conclusions: The obtained data also indicates the active participation of catecholaminergic systems of the brain and its midline structures in the formation of the ED. The publication was prepared with the support of the "RUDN University Program 5-100"

Conflict of interest: No

Keywords: eating disorders; catecholamine

EPV0503

Cinematherapy group for patients with eating disorders.

J.J. De Frutos Guijarro^{1*}, N. Chinchurreta², R. Martín Aragón³, C. Moya Rodríguez¹, C. Moreno Menguiano¹, D. Garcia-Consuegra Colado⁴ and P. Calleja Alonso⁴

¹Centro de Salud Doctor Luengo Rodriguez, Servicio De Psiquiatría, Mostoles, Spain; ²HOSPITAL PUERTA DE HIERRO, Psychiatry, MADRID, Spain; ³Complejo Hospitalario Mancha Centro., Unidad De Salud Mental Infanto-juvenil., Alcázar de San Juan., Spain and ⁴Centro de Salud Coronel de Palma, Unidad De Trastornos De Conducta Alimentaria, Mostoles, Spain

*Corresponding author.

Introduction: The seventh art has helped Psychiatry in different ways throughout its history. First to train their professionals through productions specific to them and restricted to the field of training. Then in the field of psychoeducation of patients, starting to use parts of commercial films. Subsequently, therapists have used some sequences in psychotherapy and group sessions, to point out certain topics and emotions. Now some psychotherapeutic groups focus on the group viewing of a complete film as an emotion catalyst experience.

Objectives: Review of the available bibliography and describe the group cinematherapy program that takes place at the Day Hospital for patients with eating disorders at the Mostoles University Hospital in Madrid.

Methods: Bibliographic search on PUBMED and EMBASE databases with the following terms: "motion pictures"[mesh] and "mental health/therapy"[mesh]. Description of our program.

Results: 18 results were found on bibliographical research, 2 of them on Eating Disorders. In practice, the use of an external story allows the patient to project in a character their own narrative. That makes easier to explore feelings and relations. We experienced that the metaphors that are worked in the cinematherapy group are used in other settings of therapy. The group also strengthens the link between patients and therapists by being a more relaxed space in which the film acts as an intermediary in therapy.

Conclusions: Cinematherapy groups are useful in working with patients with eating disorders at the day hospital. Further investigation is required to measure the impact of cinematherapy groups on eating disorders symptoms.

Conflict of interest: No

Keywords: cinematherapy; eating disorders; DAY HOSPITAL

EPV0504

Eating disorders during pregnancy, about 62 cases

D. Mnif^{1*} and R. Sellami²

¹HEDI CHAKER hospital, Psychiatric Service, SFAX, Tunisia and

²HEDI CHAKER hospital, Psychiatric Department, SFAX, Tunisia

*Corresponding author.

Introduction: The hormonal and physiological changes that occur during pregnancy, influence the diet of the pregnant woman

Objectives: Identify pregnant women at risk of developing eating disorders (ED).

Methods: This is a cross-sectional descriptive study conducted at the consultation of the gynecology and obstetrics department University Hospital Center among 62 pregnant women. We used an information sheet on participants' socio-demographic and clinical data as well as the Sick, Control, One Stone, Fat, Food Screening (SCOFF) questionnaire to screen for the potential presence of ED.

Results: The average age of the participants was 29.7 years old. In our study, 29% had a positive SCOFF score before pregnancy. During pregnancy, this score was positive in 43.5% of women with no significant difference. The question of getting sick when feeling full, and question number 2 about the loss of control over the amount of food consumed were the most cited items. We found a low rate of positive response to item3 regarding weight loss since pregnancy. Mean weight and BMI, before pregnancy, were higher in women at risk for eating disorder. The maximum weight variation since pregnancy was not significantly significant between the two groups. The ED was correlated with the absence of professional activity ($p = 0.02$). There is no significant difference concerning

pregnancy complications ($p = 0.1$). The number of female smokers was higher among women at risk for ED both before and since pregnancy, but this difference was not significant ($p = 0.1$).

Conclusions: Several physiological and psychological factors contribute to the appearance of ED.

Conflict of interest: No

Keywords: eating disorder; Anxiety; Pregnancy; Psychiatry

EPV0508

Therapeutic approaches in night eating syndrome- a case series

O. Vasiliu

University Emergency Central Military Hospital Dr. Carol Davila, Psychiatry, Bucharest, Romania

Introduction: Night Eating Syndrome (NES) is an important although not frequently reported eating pathology defined by recurrent episodes of nocturnal eating and extensive food consumption after the evening meal (more than 25% of the overall food intake).

Objectives: To monitor the evolution of three patients diagnosed with NES during their pharmacological treatment for 6 months.

Methods: Three patients who were diagnosed with NES, evaluated monthly using Night Eating Diagnostic Questionnaire (NEDQ) revised, Global Assessment of Functioning (GAF), Clinical Global Impressions-Severity (CGI-S) and body mass index (BMI), received treatment with sertraline 200 mg/day (one patient) and fluoxetine up to 60 mg/day (two patients).

Results: All patients presented full syndrome night eater according to the NDEQ-revised at baseline. The first patient was 40-year old and had a favourable evolution with significant changes in GAF, CGI and BMI after 3 months of treatment, and the symptoms remitted after 6 months. The second patient was 29-year old and presented a more fluctuant trend of NES core symptoms, reaching the level of mild night eater after 6 months of treatment. The third patient also had an oscillant evolution, but she reached the level of remission after 6 months. The mean BMI value dropped with 15.6% compared to baseline, and the GAF and CGI-S improved with 35% and 52%, respectively.

Conclusions: Sertraline and fluoxetine may be useful therapeutic choices in patients diagnosed with NES, but the doses needed are relatively high and the patients require close monitoring through validated clinical instruments.

Disclosure: The author was speaker for Servier, Eli Lilly and Bristol-Myers, and participated in clinical trials funded by Janssen Cilag, Astra Zeneca, Otsuka Pharmaceuticals, Sanofi-Aventis, Sunovion Pharmaceuticals.

Keywords: night eating syndrome; sertraline; fluoxetine; Eating Disorders

EPV0512

Antidepressant therapeutic drug monitoring by minimally-invasive techniques in eating disorders patients: preliminary results from a pilote study

T. Mastellari^{1,2*}, A. Di Gianni¹, C. Marasca³, M. Protti³, L. Mercolini³, A.R. Atti¹ and D. De Ronchi¹

¹University of Bologna, Department of Biomedical And Neuromotor Sciences, Bologna, Italy; ²University of Lille, Faculté De Médecine

Henri Warembourg, Lille, France and ³University of Bologna, Research Group Of Pharmacotoxicological Analysis (pta Lab), Department of Pharmacy And Biotechnology (fabit), Bologna, Italy

*Corresponding author.

Introduction: Therapeutic Drug Monitoring (TDM) has several indications in psychiatry including patients with physical comorbidities, suspected non-compliance, severe adverse effects and tailored pharmacotherapy. Antidepressants (AD) are frequently prescribed in patients with Eating Disorders (ED) to reduce binge-eating and compensatory behaviours or to treat comorbid depression and anxiety.

Objectives: TDM by means of minimally-invasive biosampling approaches may represent a useful tool in this population, considering the limited efficacy of ED's pharmacological treatment and the high rate of adverse effects.

Methods: Nineteen ED outpatients on AD treatment with a Body Mass Index (BMI) $<20 \text{ kg/m}^2$ or $>30 \text{ kg/m}^2$ agreed to take part in the present study. Participants were treated with Sertraline (N=5), Fluoxetine (N=5), Vortioxetine (N=5), Citalopram (N=2), Escitalopram (N=1), Fluvoxamine (N=1). Oral fluid samples were collected from patients, together with whole blood dried microspheres, obtained by finger puncture using Volumetric Absorptive Microsampling techniques.

Results: Preliminary results showed a significant correlation between plasmatic and salivary concentrations for Vortioxetine only; moreover, extreme BMI did not seem to significantly influence the AD' plasmatic concentrations, when corrected for dosage.

Conclusions: Further analyses may permit to validate for the first time the use of these recent microsampling procedures for AD treatment. By increasing the population size, we aim to demonstrate that TDM may represent a valid tool to better understand the limited efficacy of AD in ED patients. Minimally-invasive biosampling approach is well tolerated in patients with belenophobia and, in our experience, is highly appreciated by all patients: it may represent in future a valid support for Precision Medicine.

Conflict of interest: No

Keywords: Antidepressant drugs; eating disorders; Therapeutic drug monitoring

EPV0514

Presence of not detected eating disorder prodromal symptoms in medical services in the year before to treatment start

F. Ruiz Guerrero*, M. Perez Fernandez, E. Losa Mujika, P. Benito Gonzalez, G. Calcedo Giraldo, J. Gonzalez Gómez and A. Gómez Del Barrio

Hospital Universitario Marqués de Valdecilla, Psychiatry, Santander, Spain

*Corresponding author.

Introduction: Eating Disorders(ED) are one of the psychiatric pathologies that cause the greatest morbimortality. Different studies have shown that early diagnosis and intervention achieve higher recovery rates and reduce long-term complications.

Objectives: The aim of this study was to analyze medical consultations carried out in the year prior to the diagnosis of an ED and the possible undetected prodromal symptoms.

Methods: For this purpose, 99 patients (94.4% women; 5.1% men) between ages of 15 and 25, treated during 2014-2018 in the ED Unit,

were selected. They were compared with a control group of 60 healthy people. Their primary and specialized care medical records were both studied retrospectively: Consultations related to weight variation. Changes in analytical data. Psychological symptoms. Gynecologic symptoms. Unspecified symptoms such as digestive discomfort. Malnutrition.

Results: Upon analysis, it is concluded that most of the patients, before being diagnosed, attended different consultations, generally Primary Care, with an average of 2.84 visits. 87.6% of them attended a primary, specialized or emergency care consultation in the year prior to being treated compared to 67.2% of the controls ($p = 0.002$). 58% of the patients compared to 16.40% of the controls consulted for symptoms related to suspected ED ($p = 0.000$). There were significant differences regarding the control group in the type of consultation. They consulted for psychological symptoms (22.8% of consultations), menstrual irregularities (19.3% of consultations), variations in weight (14%) and analytical changes (8.8%).

Conclusions: These findings underscore the importance of professionals knowing how to identify the warning signs of an ED so they can refer patients to a specialized unit.

Conflict of interest: No

Keywords: Prodromal Symptoms; Early Intervention; Time without treatment

EPV0515

Reduction of duration untreated eating disorder (DUed) in a sample of patients with an eating disorder.

F. Ruiz Guerrero*, E. Losa Mujika, C. Gándara Gutierrez, P. Benito Gonzalez, G. Calcedo Giraldo, J. Gonzalez Gómez and A. Gómez Del Barrio

Hospital Universitario Marqués de Valdecilla, Psychiatry, Santander, Spain

*Corresponding author.

Introduction: Eating disorders are pathologies frequently described in young white women, generally of high socioeconomic status. Among the factors associated with a poorer progression of the disease is a delay in the identification and onset of treatment.

Objectives: The aim of this work was to study the socio-demographic profile of patients diagnosed with an Eating Disorder, according to DSM-V criteria, who came in to receive their first treatment at a specialized unit. At the same time, the aim was to compare two time periods differentiated by the establishment of an early detection and referral program.

Methods: A total of 187 patients seen consecutively after referral to the Eating Disorder Unit were selected, ninety-nine from March 2010 to March 2011 (time period 1), and 88 from September 2014 to February 2015 (time period 2).

Results: Among the findings, the presence of a significantly lower socioeconomic status among patients studied in time period 2 stands out. At the same time, a significant reduction in the time without treatment was observed in time period 2 compared to time period 1, after the establishment of the early referral protocol.

Conclusions: The predominance of patients belonging to social strata significantly lower than expected could correspond to a change in the type patient, demonstrating the wide distribution of these disorders today. Furthermore, decreasing the time without treatment could be a key measure to improve the prognosis of patients.

Conflict of interest: No

Keywords: Duration Untreated eating disorder; Early protocol

EPV0517

Forced tube feeding in patients with life-threatening anorexia nervosa

J. Van Venrooij* and J. Godschalx-Dekker

Spaarne Gasthuis, Psychiatry, Haarlem, Netherlands

*Corresponding author.

Introduction: Little is known about the efficacy and safety of forced tube feeding in patients with life-threatening anorexia nervosa. Our aim is to investigate weight gain and complications during forced treatment in anorectic patients with a BMI < 13 kg/m².

Objectives: Anorexia nervosa is a serious psychiatric condition with high mortality rates. When health becomes seriously endangered and the patient refuses to take necessary foods, involuntarily treatment is sometimes necessary to prevent serious morbidity and mortality. However, little is known about functional outcomes and complications.

Methods: 12 patients with serious anorexia nervosa (BMI < 13), somatic complications and not able to take sufficient nutrients on a voluntarily basis received forced tube feeding under the Dutch mental health act. Weight was measured three times a week and weight targets and nutrition policy were determined accordingly. When patients reached the intended BMI, they were motivated to continue tube feeding on a voluntary basis and oral intake was introduced.

Results: During hospitalization all patients were able to gain the weight necessary to complete the treatment plan. Complications during treatment were hypothermia, pneumonia, hypoglycemia and intensive care admission. After discharge at least two of the patients died. Factors relevant to positive outcome were a short duration of illness and a younger age.

Conclusions: Forced feeding in life-threatening anorexia nervosa is somatically safe, feasible and results in weight gain. On the short term it is life-saving. Further research should focus on the longer term effects of compulsory treatment and identify patient characteristics that predict chances to profit by forced feeding.

Conflict of interest: No

Keywords: restrictive eating disorders; BMI < 13 kg/m²; forced tube-feeding

EPV0518

Starving brain: the clinical challenge differentiating anorexia nervosa and psychosis - a case report

B. Almeida*, H. Almeida and L. Castro

Hospital de Magalhães Lemos, General Adult Psychiatry, Porto, Portugal

*Corresponding author.

Introduction: Despite psychosis and anorexia nervosa are distinct disorders, they have complex relationships that carry clinical challenges.

Objectives: To present a case report and review the literature about the relationship between anorexia nervosa and psychosis.

Methods: Clinical interviews and records were used to build the case report. A review of the literature was performed in Pubmed,

using the query “anorexia nervosa AND (psychosis OR schizophrenia)”.

Results: A female patient with 18 years old was evaluated in the emergency department due to frank weight loss, and was admitted into our inpatient unit for further diagnostic investigation. At the initial assessment she was inattentive, with anxious mood, presented disorganized speech with loose associations, insomnia and food restriction; her body mass index was 15 and she'd amenorrhea. Because of the disorganized speech and possible thought disorder we couldn't initially evaluate body image and fears about gaining weight. We started risperidone and in few days the patient presented normal speech and behaviour and started eating normally, gaining four kilograms; she denied any concerns about weight or body image. In the view of the clinical evolution, the diagnosis of psychotic episode was made. We interpreted the months before hospitalization as a prodromal phase with anorexic-like symptoms, with the food restriction contributing to the clinical picture. The published literature highlights the complex relationship between anorexia nervosa and psychosis, the difficulty in recognizing which one is primary and which is comorbid and the factors that link both.

Conclusions: The relationship between anorexia nervosa and psychosis is complex. Further studies on their shared and differential phenomenology are needed to improve diagnosis and treatment.

Conflict of interest: No

Keywords: Anorexia nervosa; psychosis

EPV0519

Using routine outcome monitoring in eating disorders: first-year results of the itamited treatment model

A. Grau¹, C. Evans², J. Medina² and G. Feixas^{2*}

¹ITA salud mental, Clinical and Research, Barcelona, Spain and

²Universitat de Barcelona, Clinical Psychology And Psychobiology, Barcelona, Spain

*Corresponding author.

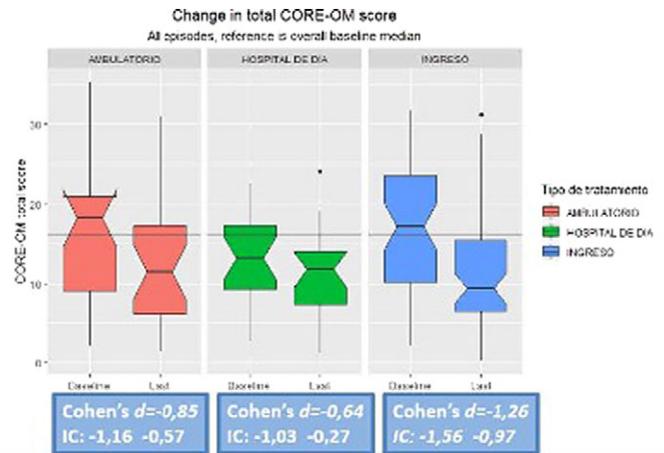
Introduction: Eating Disorders (ED) are complex and costly for patients, families, and society. Treatments of different types have shown some effectiveness for many sufferers with ED but are still far from satisfactory. Controlled efficacy studies provide evidence with internal validity but the external validity of complex treatment services is compromised. The ITA Model of Integrated Treatment of Eating Disorders (ITAMITED) combines outpatient, inpatient and day hospital adapted to every patient's needs.

Objectives: To evaluate the changes occurred in patients with EDs after the ITAMITED service on the bases of a recently implemented routine outcome assessment system.

Methods: A cohort of 324 ED patients who entered the ITAMITED service between November of 2017 and October of 2018 was routinely assessed with the Clinical Outcomes in Routine Evaluation (CORE) system and measures specific for EDs (e.g., EAT). Data analysis included details from the patients' health records such as diagnosis, BMI, previous treatments, and chronicity.

Results: Changes in CORE yielded large effect sizes for both inpatient and outpatient treatment modalities, and moderate for day hospital care (figure 1). Effect sizes for EAT (figure 2) were big for inpatient treatment and day hospital and moderate for outpatient treatment.

Conclusions: Overall, ITAMITED succeeded in improving EDs patients, especially in the inpatient facility. Day hospital care



Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM); Ambulatorio = Outpatient treatment; Hospital de día = Day hospital; Ingreso = Inpatient treatment



EAT = Eating Disorders Test; Ambulatorio = Outpatient treatment; Hospital de día = Day hospital; Ingreso = Inpatient treatment

proved more effective for specific ED symptoms than for general functioning and well-being, while the inverse pattern was found for those in outpatient treatment. The effects of many more variables need to be brought into the equation to explain more detailed outcomes.

Conflict of interest: No

Keywords: anorexia; practice based evidence; bulimia; effectiveness study

EPV0520

The comorbidity of anorexia nervosa and borderline personality disorder: a case report and literature review.

W. Kabtni^{1*}, A. Baatout¹, C. Ben Cheikh¹, R. Maamouri², H. El Kefi¹ and A. Oumaya¹

¹military hospital of Tunis, Psychiatry Department, Tunis, Tunisia and

²Razi hospital, Psychiatry E, Ben arous, Tunisia

*Corresponding author.

Introduction: Anorexia Nervosa (AN) is a serious psychiatric disorder, it may affect up to 4.2% of women during their lifetime and carries the highest mortality rates of any mental health disorder. The latest data suggest that a quarter of all people with AN fulfil diagnostic criteria for borderline personality disorder (BPD), and that a similar percentage of those with BPD have AN.

Objectives: This case report aims to describe a case of anorexia nervosa in a girl with BPD and to determine the prevalence and mechanism of association between AN and BPD.

Methods: A patient case is presented with associated literature review.

Results: Ms. MA, aged 19, with no medical history, is a student in the secondary school. She was referred by the emergency unit for suicidal thoughts. The interview revealed, in addition to the depressive symptomatology, many criteria for BPD such as frantic efforts to avoid abandonment, interpersonal relationships instability, Impulsive and self-harming behaviour, substance abuse... Additionally, MA is on a restrictive diet with a target weight of 44 kg (previous target weight was 50 last year). The diagnosis of anorexia nervosa was retained according to DSM-5 criteria. MA was put on antidepressant treatment combined with dialectical behavior therapy (DBT) with progressive improvement noted.

Psychopathological, neurobiological and endocrine models are incriminated in the association between AN and BPD

Conclusions: It is important that clinicians are aware of the frequency with which AN occurs in association with BPD because of the severity of this combination and the need for a specific and careful management.

Conflict of interest: No

Keywords: Borderline Personality Disorder; Anorexia nervosa; eating disorder

E-mental health

EPV0522

Can virtual exposure therapy with applied biofeedback help us treat social anxiety disorder? A feasibility study.

M. Ernst^{1*}, M.B. Lichtenstein² and L. Clemmensen³

¹Mental Health Services in the Southern Region of Denmark, Centre For Telepsychiatry, Odense, Denmark; ²University of Southern Denmark, Department of Clinical Research, Odense, Denmark and

³Mental Health Services in the Southern Region of Denmark, Centre For Telepsychiatry, Odense C, Denmark

*Corresponding author.

Introduction: Social Anxiety Disorder (SAD) is the most prevalent anxiety disorder and is considered to have the largest disease burden amongst anxiety disorders. Although SAD in most cases can be treated successfully with Cognitive Behavioral Therapy, only between 33% and 50% seek treatment and many patients drop out of treatment as they are confronted with elements of exposure. Can virtual reality exposure therapy with applied biofeedback provide an accessible, feasible and effective addition in the treatment of SAD?

Objectives: The current study is part of a large scale study that aims to develop and evaluate the feasibility and effect of a VR-biofeedback-intervention for adults with mild to severe social anxiety disorder.

Methods: Initially, a systematic review of existing available data on the application of virtual reality exposure therapy with biofeedback

will be performed. The current study will collect data from semi-structured interviews and surveys. Participants include a minimum of (n=10) patients and (n=5) clinicians from the Mental Health Services in the Region of Southern Denmark. Surveys include questionnaires used for assessment of anxiety symptoms, usability of technology, and presence within the virtual environment. The findings will be analyzed and discussed in a mixed methods design.

Results: Successful development and implementation of an automated virtual reality exposure therapy intervention may provide increased reach for patients and individuals who would have otherwise not sought- or dropped out of regular treatment.

Conclusions: The proposed treatment may provide early intervention and prevent further escalation of SAD. Furthermore, the intervention may reduce time and resources spent by personnel in treating SAD.

Conflict of interest: No

Keywords: Social Anxiety Disorder; biofeedback; exposure therapy; virtual reality

EPV0523

Mindfulness-based program delivered through a smartphone app versus an in-person program in healthcare students: effectiveness in depressive symptoms

J. Garde González^{1*}, V. López², Á. Orosa-Duarte¹, R. Mediavilla³, A. Muñoz-Sanjose⁴, Á. Palao⁴, M.F. Bravo-Ortiz³, C. Bayon⁴ and B. Rodríguez-Vega³

¹La Paz University Hospital, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain; ²Autonomous University of Madrid (UAM), School of Medicine, Madrid, Spain; ³La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ⁴La Paz University Hospital Institute for Health Research (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Studies have associated students from Medicine and other healthcare degrees with high levels of stress and depression. This puts at risk both their mental health and the quality of physician-patient relationship. Mindfulness-Based Stress Reduction (MBSR) program has been shown to improve psychological wellbeing and to reduce rumination; however, it seems unclear if digital programs have the same effect.

Objectives: To compare the effectiveness of a mindfulness smartphone app versus an adapted version of the MBSR program among healthcare students.

Methods: A parallel-group, single-blind, randomised (1:1:1), controlled trial was designed. 140 students of Medicine, Nursing, Psychology and Nutrition were allocated to either the app program, the in-person program, or a waitlist. The assessment of depressive symptoms was included through the Beck Depression Inventory at baseline and post-intervention (8 weeks).

Results: 86 participants completed BDI at both times and an intention-to-treat analysis was performed. Depressive levels changed from 7.21 (SD 6.08) to 4.07 (SD 4.44) in the app group, and from 7.11 (SD 6.62) to 5.26 (SD 5.21) in the in-person group. ANOVA test did not find a significant difference for depression among the three arms.

Conclusions: Only a tendency to significance was found for both the app and the in-person program for the reduction of depressive

symptoms. Most participants presented minimum levels of depression at baseline, so a floor effect might be considered as an explanation. Future studies are needed to determine the effect of mindfulness-based programs on the depression levels of healthcare students.

Conflict of interest: No

Keywords: Mindfulness; Students; smartphone app; Dépression

EPV0524

Empathic, expressive, advanced virtual coach to improve independent healthy-life-years of the elderly (the empathic project: mid-term achievements)

E. González-Fraile^{1*}, A. González-Pinto², J. Tenorio-Laranga³, B. Fernández-Ruanova³, J.M. Olaso⁴, C. Montenegro⁴, R. Santana⁴, A. Vázquez⁴, R. Justo⁴, J. Lozano⁴, A. Esposito⁵, G. Cordasco⁵, A. Troncone⁵, S. Escalera⁶, C. Palmero Cantariño⁶, S. Schlögl⁷, D. Petrovska-Delacretaz⁸, A. Mtibaa⁸, O. Deroo⁹, O. Gordeeva⁹, G. Chollet¹⁰, N. Dugan¹⁰, M. Irvine¹⁰, N. Glackin¹⁰, C. Pickard¹⁰, M. Korsnes¹¹, L. Martinussen¹¹ and M.I. Torres⁴

¹Biomedical Research Networking Centre in Mental Health (CIBERSAM), Spain, Bioaraba Research Institute, Vitoria, Spain;

²University Hospital of Alava-Santiago, Department of Psychiatry, Vitoria, Spain; ³Osakidetza, Osatek, Bilbao, Spain; ⁴Universidad del País Vasco UPV/EHU, Science And Technology, Leioa, Spain;

⁵Università degli Studi della Campania, Computer Science And Applied Mathematics, Caserta, Italy; ⁶Universitat de Barcelona, Computer Vision Center, Barcelona, Spain; ⁷MCI Management Center Innsbruck, A, Innsbruck, Austria; ⁸Institut Mines-Telecom Evry, A, Paris, France; ⁹Acapela Group Mons, *, Belgium, Belgium; ¹⁰Intelligent Voice Ltd, *, London, United Kingdom and ¹¹Oslo University Hospital, Department of Old Age Psychiatry, Oslo, Norway
*Corresponding author.

Introduction: The goal of active aging is to promote changes in the elderly community so as to maintain an active, independent and socially-engaged lifestyle. Technological advancements currently provide the necessary tools to foster and monitor such processes.

Objectives: This poster reports on mid-term achievements of the European H2020 EMPATHIC project (Empathic, Expressive, Advanced Virtual Coach to Improve Independent Healthy-Life-Years of the Elderly), which aims to research, innovate, explore and validate new interaction paradigms and platforms for future generations of personalized virtual coaches to assist the elderly to reach the active aging goal, in the vicinity of their home.

Methods: The team project has develop a new virtual coach that uses different intelligent technologies, and context sensing methods through automatic voice, eye and facial analysis, integrated with visual and spoken dialogue system capabilities. The virtual coach interact with the participants in a natural way through a normal conversation. It can speak about four different themes related with the nutrition, exercise, relationships and pleasant activities.

Results: We describe the current status of the project, with a special emphasis on its components and findings gained from 164 healthy seniors (older than 65 years) from three different countries (Spain, France and Norway) that have interacted with the virtual coach throughout the first 18 months of the project.

Conclusions: The implementation of this technology can be an innovative response to the challenge posed by population aging and can be adapted to a different kinds of issues related with the mental health of elderly population.

Conflict of interest: No

Keywords: Elders; Virtual Coach; Artificial Intelligence; Aging

EPV0527

Sexting practice and sexual orientation in young university students of the colombian caribbean

M.N. Muñoz Argel*, M. Arcos Guzman, E. Ruiz Gonzalez, M. Perea-Machado and K. Mera-Jimenez

Universidad Pontificia Bolivariana, Psicología, Monteria, Colombia

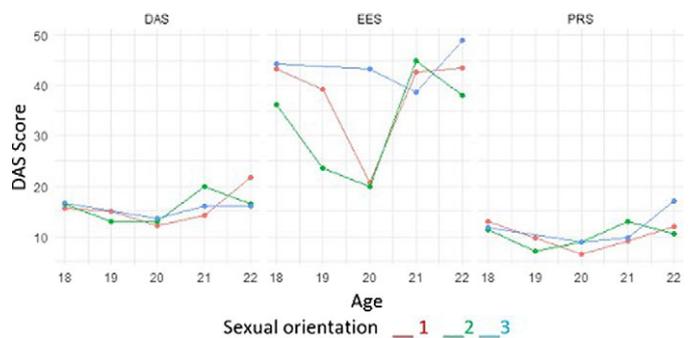
*Corresponding author.

Introduction: Sexuality is a biological, social and cultural construction (Barriga, 2013), and is validated in socially accepted ways of relationship. One form of sexual relationship in the virtual space is sexting, which consists of spreading sexual content by the sender himself using technological devices (Fajardo, et al, 2013).

Objectives: To relate sexting and sexual orientation: bisexual, heterosexual and homosexual in university with ages between 18-24 years.

Methods: To relate sexting and sexual orientation: bisexual, heterosexual and homosexual in university with ages between 18-24 years.

Results: Figure 1: Average scores on the different factors of sexting by age and sexual orientation.



Conclusions: There are no differences between the sexual orientation groups: heterosexual (1), homosexual (2) and bisexual (3) in the profiles in DAS, EES and PRS (figure 1). However, in the multiple regression analysis, the results reflect that, controlled the sex-age effect and using as reference group heterosexual orientation, $M = 16.6017$, this group has a lower level of DAS, $M = 16.3453$, although the difference is not statistically significant $t = -0.518$ and $P = 0.605$. Similarly, when discriminating the components, the differences are not statistically significant at 5%, but at 10% $t = 1,732$ and $P = 0.08$. The study allows to show transformations of relationships in the sexual experience by entering the technology of virtual space in the sexual encounter.

Conflict of interest: No

EPV0532

Development and testing of a mobile application for identifying individuals at high risk for depression in the general population

O. Skugarevsky^{1*}, T. Skuhareuskaya² and A. Sokol³

¹Belarusian State Medical University, Psychiatry And Medical Psychology, minsk, Belarus; ²Belarusian State Medical University,

Psychiatry And Medical Psychology, Minsk, Belarus and ³Belarusian State Medical University, Human Anatomy, Minsk, Belarus

*Corresponding author.

Introduction: IT is a relatively new and promising area in psychiatry and can be used to implement screening, diagnostic, treatment and prevention tools in the future if the necessary instruments are developed.

Objectives: Our aim was to check the ability of the short (8-color) version of the Lusher test, introduced in a mobile gaming application, to differentiate patients with affective disorders from healthy individuals and to assess the severity of accompanying symptoms.

Methods: The respondents were 62 healthy individuals and 17 in-patients with a diagnosis of an affective disorder (F32) undergoing treatment. For assessing the severity of depression we used the QIDS-SR16 inventory which has high sensitivity at the lowest grades of depressive symptoms. We also designed the prototype of a mobile gaming application with the short (8-color) version of the Lusher test. We used SPSS for statistical analysis.

Results: QIDS-SR16 scores differed significantly between patients and controls (Mann-Whitney U, $p < 0,05$). It turned out that grey color appeared more frequently at the 5th position (from "most liked" to "less liked" at the moment in the Lusher test) in patients than in controls (χ -square, $p < 0,05$). People from depression group chose it as a significantly more preferable compared to healthy controls. The proportion of black color in the 6th position significantly differed between patients who were at the lowest and 2nd-lowest symptom severity measured by QIDS-SR16 (χ -square, $p < 0,05$).

Conclusions: Results let us propose that the short version of the Lusher test is a possible instrument to distinguish people likely to suffer from depression in the general population.

Conflict of interest: No

Keywords: Dépression; mobile application; Screening

EPV0534

E-mental health in the population-based tromsø study

R. Wynn^{1*}, V. Traver Salcedo² and G. Bellika¹

¹UiT The Arctic University of Norway, Clinical Medicine, Tromsø, Norway and ²Universitat Politècnica de Valencia, Itaca, Valencia, Spain

*Corresponding author.

Introduction: As demands are increasing on traditional health services and as the online technologies for helping people with their mental health are developing fast, e-mental health is becoming increasingly important. There is a need for studies that address the population's use of e-mental health services.

Objectives: To provide information about a large population-based epidemiological study and how it addresses e-health.

Methods: We briefly introduce the 7th version of the epidemiological Tromsø Study and particularly the e-health questionnaire and discuss its relevance in the field of e-mental health.

Results: The Tromsø Study is a large epidemiological study that has been ongoing in the Norwegian municipality of Tromsø since 1974. It contains information on a range of issues within health and illness, including topics from most medical specialities, psychiatry and substance use. In the most recent 7th version of the study, more than 21 000 people aged 40 or above participated. The main questionnaire included ca. 300 questions, and for the first time also questions on e-health use. This will give us the possibility to not only examine the importance of e-health in the Norwegian

population, but more specifically to examine the relationship between mental health and e-health use.

Conclusions: Epidemiological studies such as the Tromsø Study offer the opportunity to study relationships between a range of variables, including mental health, substance use and now e-health. This will enable us to study e-health use and its relationship to mental health in a large representative sample, and to identify areas in e-mental health that should be further addressed.

Conflict of interest: No

Keywords: e-health; mental health; epidemiology

EPV0535

Smartphone use and mental health: pro and contra digitalisation

E. Nikolaev

Ulianov Chuvash State University, Department of Social And Clinical Psychology, Cheboksary, Russian Federation

Introduction: Offering a number of previously inaccessible opportunities to their users, smartphones have become an essential part of people's lives. People spend more and more time with their smartphones (Kola, 2019). Behavioral problems and mental disorders do not prevent use of digital technologies (Abu Rahal et al., 2019).

Objectives: The study aims to assess new opportunities and after-effects that use of modern smartphones bears to people's mental health.

Methods: We analyzed the research papers presented on Pubmed database within the previous five years.

Results: The positive side of using smartphones lies in high accessibility to the opportunities of e-mental health projects. They offer a wide variety of internet-based interventions – remote diagnosis, online counselling, psychotherapy, prevention programs for different psychological problems and mental disorders. Nevertheless, the issues of standardization and quality of the offered medical assistance, its legal status and technological support still need proper regulation. Besides, not all population groups are ready and able to use e-mental health services equally actively and effectively. The negative effects include the emergence of new psychological problems, such as hallucinatory phenomena (phantom vibration and ringing syndromes), nomophobia, smartphone addiction, Internet gaming addiction, social media addiction, online paraphilia, selfitis, hikikomori, cyberbullying etc. Most of them have relation to a higher level of perceived stress, anxiety and depression.

Conclusions: Wide spread of smartphones not only offers their users new opportunities in maintaining their mental health but also bears new risks to them. E-mental health projects need standardization, while ways and duration of using smartphones by children and adolescents need regulation.

Conflict of interest: No

Keywords: mental health; e-mental health; digitalisation; Smartphone

EPV0536

Enhancing the efficacy and adherence rate of a french unguided internet intervention for people struggling with the death of or separation from a loved one.

A. Debrot*, L. Efinger, M. Kheyar, L. Berthoud and V. Pomini

Université de Lausanne, Institute of Psychology, Lausanne, Switzerland

*Corresponding author.

Introduction: Losing a close person, because of either death or separation, is a highly stressful event, predictive of psychological and physical health problems; 10-15% of people have significant difficulties coping with these events. Guided internet interventions are effective for treating multiple mental disorders, including complicated grief. According to a systematic review, unguided internet interventions (UII) are also effective, but to a lesser degree and with more dropouts. However, recent research nuances this finding.

Objectives: The present study investigates which potential changes to an internet intervention, which was developed to treat complicated grief in a guided form (LIVIA 1), could boost its efficacy and adherence rate in an unguided format (LIVIA 2).

Methods: LIVIA 1 was implemented in an unguided form (N = 19). We assessed participants' satisfaction quantitatively and qualitatively. Additionally, we draw upon the literature to identify factors that could boost the efficacy and adherence of UII.

Results: About half of the participants was satisfied with LIVIA 1, and a fifth was unsatisfied. The most cited dissatisfaction reasons were the difficulty of the confrontation and the difficulty to take time for the programme. Some participants regretted the lack of interactions. Literature indicates that focusing on participants' resources promotes positive affect and, in turn, therapeutic success. Moreover, providing automated messages boosts adherence and efficacy of UII. Finally, providing guidance towards the therapeutic goals while preserving patients' autonomy is an efficacy predictor.

Conclusions: We suggest several changes to implement in LIVIA 2 to increase its efficacy and adherence rate, and ultimately its diffusion in French-speaking areas.

Conflict of interest: No

Keywords: complicated grief; internet interventions; guidance

EPV0537

Testing the feasibility and efficacy of an unguided internet intervention for people who struggle to overcome the loss of a significant one.

L. Efinger*, A. Debrot and V. Pomini

Université de Lausanne, Institute of Psychology, Lausanne, Switzerland

*Corresponding author.

Introduction: The loss of a significant person is one of the most stressful life events. It predicts negative physical and psychological health outcomes. Even if most people are able to cope with it, around 10% of people struggle to overcome this event, which can lead to psychopathological symptoms. These vulnerable people do not necessarily seek professional help; rates for professional help-seeking among widowed individuals are low (3.7-11.5%).

Objectives: This study aims at testing the feasibility and acceptance of an innovative psychological II for people struggling with interpersonal loss in the French-speaking population, which unfortunately, to date, has no scientifically validated II in their language.

Methods: LIVIA-FR was implemented in the French part of Switzerland (N = 19). We assessed its feasibility and efficacy through a pre-post evaluation protocol where we measured psychopathological symptoms, loneliness, well-being, life satisfaction and physical health.

Results: Encouragingly, LIVIA allowed participants to reduce significantly their grief symptoms. Moreover, grief avoidance, which is a problematic adjustment strategy, was significantly reduced. However, the intervention had no significant effect on the other outcomes.

Conclusions: We will discuss both the positive aspects as well as the weaknesses of LIVIA-FR. They will represent a base on which to develop LIVIA-FR-2, an improved version that addresses the current gaps and better meets the participants' needs.

Conflict of interest: No

Keywords: Efficacy; bereavement; divorce; internet intervention

EPV0540

Psychosocial online counselling project in Ukraine on ipso-care platform: final report

V. Korostiy^{1,2*}, I. Missmail³, O. Oleksandr Polishchuk⁴, O. Penderetska⁴ and G. Krapivnyk⁵

¹Kharkiv National Medical University, Department of Psychiatry, Narcology And Medical Psychology, Kharkiv, Ukraine; ²Kharkiv National Medical University, University Clinic, Kharkiv, Ukraine; ³IPSO, Main Office, Berlin, Germany; ⁴Bukovina State Medical University, Medical Psychology Center, Chernivtsi, Ukraine and ⁵Kharkiv National Pedagogical University, Department of English Philology, Kharkiv, Ukraine

*Corresponding author.

Introduction: In the last years the problem of internally displaced persons for Ukraine it has become a new severe challenge. Since October 2017 the project of Psychosocial Care for IDPs and the war affected population in Ukraine has been in place.

Objectives: The aim of the project is to provide professional, accessible, free for the users and fully anonymous psychosocial online care.

Methods: Analysis of protocols of online counseling sessions and supervisions.

Results: Feedback from Counselors suggests that in the experience of the counselors, their relationship with a client at eye level proved to be beneficial to the counseling process. The emphasis of the project on psychosocial support provided by counselors to clients rather than mental health support provided by psychologists to patients helped beneficiaries to overcome fears of stigmatization. They appreciated the design of VBC as a short-term intervention because it focusses on clients regaining their ability to function in daily life. Clients mainly suffered from somatic symptoms of social stress, which included low self-esteem, anxiety and obsessive behavior.

Conclusions: The online format proved beneficial because many IDPs have trust issues and preferred not to deal with social services locally when it comes to mental health problems and it was accessible from rural areas. An important part of the outreach work by the project was to destigmatize mental health problems. It was important for the service to be recommended by word of mouth in addition to outreach activities in the public sphere.

Conflict of interest: No

Keywords: IDPs; psychosocial online counseling; war affected population peoples in Ukraine; PTSD

EPV0541

How to successfully incorporate telepsychiatry into public mental health care system (scandinavian model)

D. Mucic

Psykiatrien Syd, Psychiatry, Vordingborg, Denmark

Introduction: Telepsychiatry (videoconferencing in mental health care provision) has been reported to be feasible in the delivery of

mental health services across an array of populations. There is increasing body of evidence that videoconferencing appears to be as effective as in-person care for most parameters including feasibility, satisfaction, and clinical outcomes. Current successful Danish implementation model of telepsychiatry within public mental health system in both in- and outpatient clinics in outskirts area will be described and discussed.

Objectives: How to successfully implement telepsychiatry service and increase user acceptance and satisfaction despite barriers e.g. resistance among some providers, concerns about interrupting existing referral patterns, technological problems, ethical dilemmas etc.

Methods: Semistructured interview and satisfaction questionnaire filled by involved professionals i.e. psychiatrists, psychologists, nurses as well as patients are conducted in order to explore advantages and potential limitations related to new service.

Results: of semistructured interview as well as satisfaction survey will be presented disclosing advantages and potential limitations of the new service.

Conclusions: Telepsychiatry, when implemented correctly, can be enormously beneficial to both therapist and patient. Results of patient satisfaction survey as well as attitudes of involved professionals may pave the way for broader acceptance and implementation of telepsychiatry in whole Scandinavia, where resource shortage is increasing problem and growing concern of both patients, professionals as well as policy makers.

Conflict of interest: No

Keywords: Public Mental Health; attitudes; telepsychiatry service; quality of care

EPV0542

Psychotherapy using electronic media

D. Mucic

Little Prince Treatment Centre, E-mental Health Dpt., Copenhagen v, Denmark

Introduction: When telecommunications technologies are used in provision of psychotherapy then we operate with terms such as e-therapy, e-psychotherapy, online-psychotherapy, telepsychology, Web counselling, cyber-therapy, distance therapy, Internet therapy, web therapy etc.

Objectives: - Overview of current development and state of the art within remote psychotherapy. - Pros and cons as well as user attitudes toward "distance therapy" and potential obstacles in various clinical settings.

Methods: Review of 142 articles describing variety of remote approaches is conducted in order to get an insight into this rapidly growing area of e-mental health. The historical background, types of remote interventions, advantages and disadvantages as well as ethical issues related to remote psychotherapeutic interventions are explored and discussed.

Results: Literature review disclosed a number of crucial aspects of remote psychotherapy: Legal & Ethical issues in providing online psychotherapeutic interventions; Interaction and presence in the "remote" clinical relationship ; A framework for the clinical use of virtual humans etc. Some approaches e.g. Virtual Reality has been shown to be even superior to treatment as usual and as having similar efficacy as conventional CBT or in vivo exposure.

Conclusions: The Internet is providing a bridge across some of the barriers that keeps people from getting the help they need. As psychotherapists have ventured into cyberspace, more and more people who would not otherwise have been helped are finding a path to healing. Therapists involved in "remote therapy" may ensure that they evaluate the effectiveness of their interventions. Furthermore they may keep up to date with developments in this rapidly moving area.

Conflict of interest: No

Keywords: remote psychotherapy; e-mental health; online therapy; advantages vs disadvantages

Emergency psychiatry

EPV0550

Epidemiological exploration of involuntary admissions during the last 10-year-period of economic crisis in greece

M. Bakola¹, K.S. Kitsou^{1*}, T. Hyphantis², P. Gourzis³ and E. Jelastopulu⁴

¹School of Medicine, University of Patras, Greece, Postgraduate Program Of Public Health, Patras, Greece; ²University Hospital of Ioannina, Department of Psychiatry, IOANNINA, Greece; ³School of Medicine, University of Patras, Greece, Psychiatry, Patras, Greece and ⁴School of Medicine, University of Patras, Greece, Public Health, Patras, Greece

*Corresponding author.

Introduction: Involuntary admissions (IA) affect the patients' autonomy and take place in order to prevent them to harm themselves or other people. The incidence of compulsory assessment (CA) seems to increase worldwide.

Objectives: To investigate the epidemiological patterns of patients hospitalized involuntary after CA, during the economic crisis in North-West Greece.

Methods: During 2009-2017, CA and IA were retrospectively assessed from the records of patients admitted to the Psychiatry Department at the University Hospital of Ioannina. Socio-demographic characteristics and data regarding legal procedures were collected.

Results: A total of 602 CA were identified, 50% of them (every second year) were evaluated, 284 (85.5%) led to IA. The majority were men (67.5%), mean age 49 years, unmarried (70.2%), living with parents or siblings (74.8%), not working (64.8%), without tertiary education (70.2%), with residence in Ioannina (51.5%). First diagnosis was performed by a public hospital psychiatrist (88.6%), average length of stay was 24 days and most of them had been hospitalized in the past (64.2%). In 2009 there were 47 IA, whereas in 2017 there were 83. During 2009, the Female-to-Male ratio for IA was 1 to 2.4, whereas in 2017 we observed 1 to 1.3, respectively. The main reason for IA was schizophrenia (56%) and to a lesser extent mood disorder (19.6%).

Conclusions: The economic crisis seems to affect IA. Between 2009 and 2017 there was an increase in IA and an increase in women IA.

Conflict of interest: No

Keywords: Involuntary admissions; Compulsory admissions; Economic crisis; Public Health

EPV0553

Liver damage linked to quetiapine. Clinical case report.

A. Parra Gonzalez^{1*}, D. Rentero Martin¹, B. Zamora Banegas² and V. Santana Florido²

¹Hospital 12 de Octubre, Psiquiatría, Madrid, Spain and ²Hospital 12 de Octubre, Psiquiatría, Madrid, Spain

*Corresponding author.

Introduction: Etiological diagnosis of acute hepatic failure in elderly population is a challenge for the medical practitioner, due to the multiple intercurrent factors, especially in multipathological and polymedicated patients. Among the psychiatric drugs used in the elderly it is not rare to find antipsychotics used off label. For instance, quetiapine is one of the atypical antipsychotics more often employed to manage behavioural disturbance of patients with dementia diagnosis. Liver safety linked to atypical antipsychotics has been the focus of study in last decades, because of their hepatic metabolism and high metabolic risk associated. Nevertheless, it is an heterogeneous group of drugs that has to be analysed one by one

Objectives: Get to know the risk of liver injury associated to quetiapine

Methods: It is presented a clinical case of a 77-year-old-woman who was prescribed high doses of quetiapine for behavioural managing and suffered an acute hepatic failure. We'll discuss the differential diagnosis and review the literature about liver damage risk linked to quetiapine.

Results: Two diagnosis were mainly suspected: bacterial and toxic origin of acute liver failure. Quetiapine was stopped to observe the evolution after a wash-out period.

Conclusions: Among quetiapine side effects we can find: somnolence, dizziness, headache, postural hypotension and weight gain. Up to 27 % of patients develop an elevation of transaminases during first month of therapy, but mainly asymptomatic. Acute hepatic failure is a rare phenomenon, but reported.

Conflict of interest: No

Keywords: Liver injury; Quetiapine; acute liver failure; older population

EPV0554

The use of restraint and separation in aggressive and non-cooperative patients

A. Pavešić Radonja^{1*}, S. Blazević Zelic² and I. Skarpa²

¹University Hospital Rijeka, Psychiatry, Rijeka, Croatia and ²Clinical hospital Rijeka, Psychiatry Department, Rijeka, Croatia

*Corresponding author.

Introduction: Psychiatric patients may experience aggression when patients lose control of their behavior. It is precisely such aggression that is associated with patient non-cooperation in the treatment process and undergoes restraint measures. An emergency psychiatric unit is the place where it is performed triage and first diagnostic assessments and therapeutic decisions. The course of the review and interview should be targeted in the manner to get key information on which to decide further action. The key is to work on the principles of good clinical practices aimed at maintaining patient safety, employee safety and mutual preservation of dignity.

Objectives: The objective is to show the treatment of aggressive and non-cooperative patients in the acute care psychiatric unit in University hospital Rijeka during 2017 and 2018.

Methods: Statistically was processed data from records of restraint and separation measures performed on patients admitted to the Acute psychiatric ward.

Results: From January 2017 to January 2018. 1963 patients were admitted to the psychiatric ward through the emergency unit. 640 patients were restrained by Standard operating procedure for separation and restriction of patients (I-V)

Conclusions: Complete ban on restriction and separation of psychiatric patients has never been implemented, despite the fact that some of these measures

sometimes are controversial and sometimes with fatal side effects Steinert et al. (2009). Consider that the complete abolition of these measures is not possible. Restriction and separation of patients are exceptionally allowed in cases of current dangers for the patient himself or for others in the environment. It is conducted only on non-cooperative patients and when we cannot reach our goal through cooperative communication.

Conflict of interest: No

Keywords: restriction and separation; aggressive patient; Emergency Psychiatry

EPV0556

Physical restraint in psychiatric emergencies

V. Santana Florido^{*}, J.L. Eguía Barbarin, D. Rentero Martin, A. Parra Gonzalez and B. Zamora Banegas

Hospital 12 de Octubre, Psiquiatría, Madrid, Spain

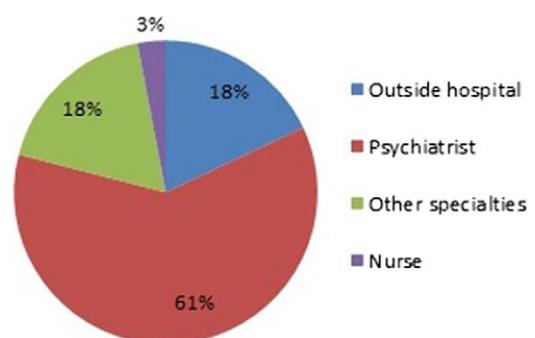
*Corresponding author.

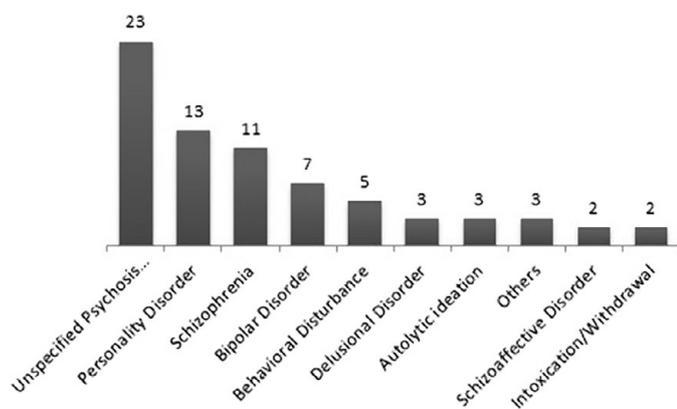
Introduction: Physical restraint is a coercive measure used in many psychiatric emergencies. This measure is used for agitated or aggressive behaviors, since the physical integrity of the patient and other people are endangered. However, the use of coercive measures differs between countries, even between different regions.

Objectives: Describe the prevalence and characteristics of physical restraints in the psychiatric emergencies at the "Hospital 12 de Octubre", Madrid.

Methods: A descriptive study was carried out, gathering socio-demographic and clinical data of the patients who needed a physical restraint in emergencies department between April and August 2019. Patients could be physically restrained before being evaluated by a psychiatrist or could need the measurement during the first evaluation by a mental health professional.

Results: A total of 72 patients required a restraint of the 1301 (5.53%) patients seen by the mental health team of our hospital emergencies in the period of time described. Of these, 56.9% were male. Figure 1 shows the professionals who indicated the need of physical restraint. Figure 2 shows the diagnoses of the patients who





were immobilized. Figure 1. Professionals who prescribes a physical restraint in patients who have been assessed by psychiatry in the emergency department.

Figure 2. Diagnoses of the patients who needed a physical restraint.

Conclusions: An important percentage of patients treated in the psychiatric emergencies are physically restrained. The majority are unspecified psychosis (n=23). Therefore an intervention protocol seems to be necessary.

Conflict of interest: No

Keywords: physical restraints; psychiatric emergencies

EPV0558

First-episode of cannabis-induced psychosis in a young adult

M.O. Solis*, M. Valverde Barea and L. Soldado Rodriguez
COMPLEJO HOSPITALARIO DE JAEN, Psiquiatria, JAEN, Spain
*Corresponding author.

Introduction: Use of cannabis is a growing problem internationally and its relation inducing psychosis is also a growing public health concern. It leads to significant impairment, including emotional distress, difficulty communicating, and other debilitating symptoms

Objectives: In this case report, we discuss a patient with no previous history of psychotic symptoms, presenting with first-episode psychosis in the context of progressive, acutely worsening, psychotic thoughts and behaviors following prolonged use of cannabis.

Methods: 26-year-old patient, male with no past psychiatric history or hospitalizations, who was admitted in psychiatric emergencies of local hospital with a first-time psychotic episode in the context of cannabis consume. This patient presented paranoid ideation, bizarre delusional thoughts, paranoid auditory hallucinations, persecution delusions with his neighbors, insomnia with 0–2 hours of sleep per night, affecting his activities of daily living. His affect was guarded, suspicious, and perplexed with apparent slowed cognition. The patient had no known drug or environmental allergies, bloods labs were normal except urine toxicology positive for cannabinoids and normal head computerized tomography scan.

Results: During the two-week, the patient was treated with oral olanzapina 5 mg at bedtime and discontinuation of cannabis use, with significant improvement, with resolution of paranoid ideation, abnormal thought processes, and insomnia. The strong response to olanzapine as an initial treatment may indicate the use of an effective antipsychotic for cannabis-induced psychosis.

Conclusions: We should be aware of the possibility of cannabis-induced psychotic delusions, paranoia, and distorted thoughts, in order to identify and treat this condition.

Conflict of interest: No

Keywords: First-Episode; cannabis; psychosis

EPV0559

Psychotic symptoms in steroid-induced mania. Clinical features and treatment. Case report

P. Del Sol Calderón^{1*}, Á. Izquierdo De La Puente¹, M. Garcia Moreno¹, M. Rodriguez De Lorenzo² and C. Carrajo Garcia²

¹HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain; ²Hospital Universitario Ramon y Cajal, Psychiatry, Madrid, Spain, and ³HOSPITAL UNIVERSITARIO RAMON Y CAJAL, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: The patient is a 28 years old men without psychiatric history who is attended in the emergency room because of disorganised behaviour.

Objectives: The aim of this case is to show the neuropsychiatric effects of steroid drug and its treatment.

Methods: case report and literature review

Results: Highlights the beginning of dexamethasone 12 mg per day (equivalent to 60mg of prednisone) seven days before as pain treatment of discal hernia. He had an increased speech speed, being hard to lead the conversation. He explained that two days after taking the steroids he started with high energy sensation, sleeping less hours, and having the feeling of increase work performance, but his wife clarified that he chaotic in his activities. He realized that his family had been supplanted by actors who were following a script, making him mistrust them with self-referential phenomena through the TV and strangers of the streets. Olanzapine was started up to 20 mg per day. Initially, insomnia and the organization of discourse and its behaviors were regulated, followed by criticism of delusions, understanding that they were due to steroid medication.

Conclusions: Steroid-induced mania is a dose dependent reaction (5% in 40-80 kg of prednisone, 20% in >80mg/day) that happens at most in the first week of treatment. Mania is the most common presentation. This has a remission close to 90% after withdrawing the drug. Olanzapine has been placed as the gold standard in cases in which symptomatology persists despite withdrawal or when high functional impact is presented.

Conflict of interest: No

Keywords: steroid; mania; Psychotic Symptoms

EPV0562

Medical-psychological and neuropsychiatric maintenance system to the anti-terrorist operation / joint force operation combatants in multidisciplinary clinic

D. Bazyka¹, K. Loganovsky^{2*}, V. Sushko³, A. Chumak¹, Z. Yaroshenko⁴, A. Zaitseva⁴, L. Zdorenko², N. Zdanevich², M. Gresko², Z. Vasilenko², V. Kravchenko² and N. Drozdova²

¹State Institution "National Scientific Center for Radiation Medicine of the National Academy of Medical Sciences of Ukraine", Clinical Immunology, Kyiv, Ukraine; ²State Institution "National Research

Centre for Radiation Medicine of National academy of Medical Sciences of Ukraine, Department of Radiation Psychoneurology, Institute of Clinical Radiology, Kyiv, Ukraine; ³State Institution "National Scientific Center for Radiation Medicine of the National Academy of Medical Sciences of Ukraine", Division For Medical Expertise And Treatment Of Ionizing Radiation Consequences, Kyiv, Ukraine and ⁴State Institution "National Scientific Center for Radiation Medicine of the National Academy of Medical Sciences of Ukraine", Clinic, Kyiv, Ukraine

*Corresponding author.

Introduction: The war in the East of Ukraine, like other emergencies, leads to impairment of mental and physical health, disruption of social adaptation, addictive and suicidal behavior in the persons involved in its orbit. The complex social and medical support to them is crucial.

Objectives: To scientifically justify, develop and test the model of the medical-psychological and neuropsychiatric maintenance system to Anti-Terrorist Operation / Joint Force Operation (ATO/JFO) combatants based on own experience on medico-social consequences of the Chornobyl catastrophe mitigation and providing medical assistance to veterans of armed conflicts.

Methods: A prospective clinical study was conducted in 2014–2019 with comprehensive examination and treatment of 148 ATO/JFO combatants. Neuropsychiatric and somatoneurological, psychodiagnostic, neurophysiological, neuroimaging, laboratory and instrumental methods were used. Treatment and rehabilitation interventions were carried out on the basis of evidence-based Medicine and included pharmacological, psycho- and physiotherapy.

Results: PTSD, adaptation disorders, chronic personality changes, anxiety, depressive and somatoform disorders, alcohol and substance abuse, as well as suicidal tendencies dominate in ATO/JFO combatants. Comorbid pathologies include consequences of mine-blasting acoustic-barotraumas, traumatic brain injuries and chronic somatoneurological diseases. The effectiveness of a complex social-psychological-psychiatric and somatoneurological approach, the use of the biopsychosocial paradigm, consistency and continuity of therapeutic and rehabilitation interventions based on evidence-based medicine has been shown. It is advisable to involve NGOs and volunteers.

Conclusions: The complex psychosocial, medical, and neuropsychiatric system of providing the maintenance to ATO/JFO combatants on the base of a multidisciplinary clinic is reasonable and effective.

Conflict of interest: No

Keywords: PTSD; Anti-Terrorist Operation; biopsychosocial paradigm; complex psychosocial; medical; and neuropsychiatric interventions

EPV0563

Personality patterns of anti-terrorist operation / joint force operation combatants in comparison with clean-up workers of the chornobyl catastrophe, ukraine

M. Gresko and K. Loganovsky*

State Institution "National Research Centre for Radiation Medicine of National academy of Medical Sciences of Ukraine, Department of Radiation Psychoneurology, Institute of Clinical Radiology, Kyiv, Ukraine

*Corresponding author.

Introduction: A part of East Ukrainian territory involved in the Anti-Terrorist Operation / Joint Force Operation (ATO/JFO) is potential for radiation emergencies, including terroristic radiological attacks ("dirty bomb").

Objectives: To determine the personality patterns of ATO/JFO combatants in comparison with clean-up workers of the Chornobyl catastrophe (liquidators).

Methods: The retrospective-prospective psychophysiological study included 101 ATO/JFO combatants, 122 liquidators and 85 non-exposed persons. Schmieschek–Leongard's and Eysenck's (EPI) personality questionnaires and quantitative electroencephalography (qEEG) with brain mapping were used.

Results: An accentuation of personality traits (pedantic, cyclothymic, dysthymic and excitable) is typical for the persons with traumatic experience. The liquidators have an increased rate of anxious and emotional accentuations, while the ATO/JFO combatants have stuck (jam) character accentuations, which can be explained by a different type of the traumatic experience. The liquidators, in comparison with the unexposed control, have increased relative and absolute spectral power of delta range of qEEG, decreased beta range mainly in the left frontotemporal region and reduced dominant frequency of qEEG. The liquidators, in comparison with ATO/JFO combatants, have increased spectral power of delta range in the left temporal region, and decreased relative spectral power of theta range. Neurophysiological correlates of personality traits were also found.

Conclusions: There are psychophysiological differences in the personality pattern of ATO/JFO combatants in comparison with clean-up workers of the Chornobyl catastrophe. The specificity of the psychological trauma at different emergencies should be taking into account in preventive and treatment interventions.

Conflict of interest: No

Keywords: Anti-Terrorist Operation; Chornobyl catastrophe; Personality pattern; Psychophysiology

EPV0564

Dealing with fire: a portuguese model of intervention for victims of traumatic experiences

J. Martins Correia*, B. Jesus and S. Caetano

Hospital Sousa Martins - Unidade Local de Saúde da Guarda, Departamento De Psiquiatria E Saúde Mental, Guarda, Portugal

*Corresponding author.

Introduction: In October 2017 Portugal was affected by a major wildfire that struck the central region of the country, resulting in 49 deaths, about 70 injured and an impressive number of material losses, with more than 1500 homes completely or partially destroyed. Although the occurrence of wildfires is a relatively frequent situation in Portugal during the warmer months, the lack of intervention strategies is clear and there is little interest, particularly in the field of mental health, in the immediate approach and consequent minimization of long-term risks of such traumatic experiences. Even though a significant number of exposed individuals fully recover without any intervention, others, with greater vulnerability, will develop different posttraumatic psychiatric disorders.

Objectives: To present an emergency disaster assistance program developed in the district of Guarda (Portugal) in the context of the wildfires of October 2017 and that resulted in the creation of a crisis consultation. The authors also discuss the results obtained and the

relevance of the replication of the created model in similar catastrophic situations.

Methods: The created program is the result of the cooperation between the Department of Psychiatry and Mental Health of Hospital of Guarda and local structures, allowing an appropriate response to the mental health needs of the population in that specific scenario.

Results: The presented program has provided direct support to 59 victims and an early screening of those who still require psychiatric care.

Conclusions: The nature of traumatic psychological experiences, concomitant disturbances and associated risks should be the target of a multidisciplinary and multifactorial work.

Conflict of interest: No

Keywords: traumatic experiences; Psychological Trauma; prevention of mental health; Natural disasters

Epidemiology and social psychiatry

EPV0567

Low cognitive reserve is associated with excess mortality: evidence from a spanish nationally representative study

E. Lara¹, M. Miret², D. Moreno², N. Martín-María², B. Olaya³, J. M. Haro³ and J.L. Ayuso Mateos^{1*}

¹Hospital Universitario de La Princesa, Psychiatry, Madrid, Spain;

²Universidad Autónoma de Madrid, Psychiatry, Madrid, Spain and

³Parc Sanitari Sant Joan de Déu, Research, Innovation And Teaching Unit, Barcelona, Spain

*Corresponding author.

Introduction: Previous studies have underpinned the notion that cognitive reserve (CR) is associated with better functional outcomes in both Clinical and healthy populations. It is then reasonable to think that there should be an association between CR and survival.

Objectives: To examine the impact of CR on all-cause mortality over a 6-year follow-up period in middle- and older-aged adults.

Methods: Data from the “Edad con Salud” study, a Spanish nationally representative population-based survey, were analysed. The sample comprised 3,605 individuals aged 50+ years. Information from the National Death Index was consulted to identify the vital status and date of death. Data on vital status was also obtained during the household visits. A combination of three proxy measures (level of education, highest occupational status and social participation) was used to assess CR. A binary variable that contrasts the top three quantiles against the lowest one was then created. Multivariable Cox proportional hazard models were performed in the overall sample and after excluding respondents with cognitive impairment at baseline.

Results: Low level of CR was significantly related to premature mortality (HR=1.60; 95% CI=1.23, 2.08). After the exclusion of those individuals with cognitive impairment at baseline, the CR

effect on mortality remained significant (HR=1.76; 95% CI=1.28, 2.41).

Conclusions: Our results showed that lower level of CR was significantly associated with increased rates of mortality. The development of interventions aimed at the enhancement of CR might contribute to mortality risk reduction. Future research may replicate these results in different populations.

Conflict of interest: No

Keywords: cognitive reserve; mortality; population-based study

EPV0568

The association between loneliness and suicidal ideation in a spanish representative sample

C. Castelletti¹, E. Lara², M. Miret¹, B. Olaya³, J.M. Haro³ and J. L. Ayuso Mateos^{2*}

¹Universidad Autónoma de Madrid, Psychiatry, Madrid, Spain;

²Hospital Universitario de La Princesa, Psychiatry, Madrid, Spain and

³Parc Sanitari Sant Joan de Déu, Research, Innovation And Teaching Unit, Barcelona, Spain

*Corresponding author.

Introduction: Loneliness has been linked to an increased risk of engaging in suicidal behavior, and the evidence points out that the feelings of loneliness might have a stronger association with suicidal behavior than other social aspects such as social support. However, studies analyzing these associations are insufficient.

Objectives: To explore the association between the subjective experience of loneliness and suicidal ideation.

Methods: A nationally representative sample comprising 4753 participants from Spain was interviewed. Suicidal ideation was assessed through the World Health Organization Composite International Diagnostic Interview (CIDI 3.0), whereas loneliness was evaluated through the 3-item UCLA Loneliness Scale. Marital status, social support and other sociodemographic characteristics were also considered. Logistic regression analyses were carried out overall and excluding individuals with depression.

Results: Higher feelings of loneliness were significantly associated with greater odds for suicidal ideation (OR = 1.02; 95% CI = 1.01,1.02). After the exclusion of those individuals with depression, the association of loneliness with suicidal ideation remained significant (OR = 1.01; 95% CI = 1.00,1.03; p < 0.001).

Conclusions: Our results reveal that higher loneliness is significantly associated with greater odds for suicidal ideation and that this association cannot be solely explained by the presence of depression. This highlights the importance of tackling loneliness to mitigate its harmful effects. Studies are needed to further understand the impact of loneliness on suicidal ideation and to establish causality.

Conflict of interest: No

Keywords: Suicidal ideation; Dépression; Population based study; Loneliness

EPV0570

Patients profile of a tunisian child psychiatry department

F. Behi, S. Bourgou*, M. Hamza, F. Charfi and A. Belhadj

Mongi Slim Hospital, Child Psychiatry Department, Tunis, Tunisie, Tunisia

*Corresponding author.

Introduction: The recent installation of a child psychiatry department in a general hospital in the capital of Tunisia brought the child psychiatry services closer to the population.

Objectives: The aim is to determine the outpatients profile in a Tunisian Child Psychiatry Department.

Methods: This is a descriptive study. All new patients who consulted between January and November 2018 a child psychiatry department (Mongi Slim Hospital, Tunisia) were included.

Results: We have collected 879. The age of the consultants was distributed as follows: 47% between 6 and 11 years old, 29.8% above 12 years old, and 23.2% below 5 years. The sex ratio was 1.5. The consultants was the eldest of his siblings in 34.1% and the youngest in 34%. Consultants attended primary school in 48.5%, high school in 5.6% and a specialized institution in 2.1%. Patients were accompanied by their mothers in 60% of cases. The parents were alive in 93% and married in 77.6%. The father was unemployed in 2.6% vis 43.7% for the mother. The school level was secondary in 21.6% for fathers and in 23.7% for mothers. The most common reasons for consultation were school difficulties in 21.5% and behavioral problems in 14.1%. An organic etiology for complaints was suspected in 10.3%. A psychiatric diagnosis was retained in 86.1% of the cases.

Conclusions: Knowledge of the consultants' profile is a mean to identify training needs and services in child psychiatry.

Conflict of interest: No

Keywords: Children; Psychiatry; adolescent; epidemiology

EPV0572

Clinical characteristics and implication of the patient in the choice of treatment with monthly or quarterly paliperidone palmitate

G. Esparrago Llorca^{1*}, F.J. Jerez Barroso², P. Juncosa Montes¹, M. D. Bordes Giménez², F. Díaz Fernández², G. Andrés Pereira², E. M. Leones Gil³, E. Delgado Rastrollo⁴ and M. García Navarro⁵

¹Servicio Extremeño de Salud, Equipo De Salud Mental, Cáceres, Spain;

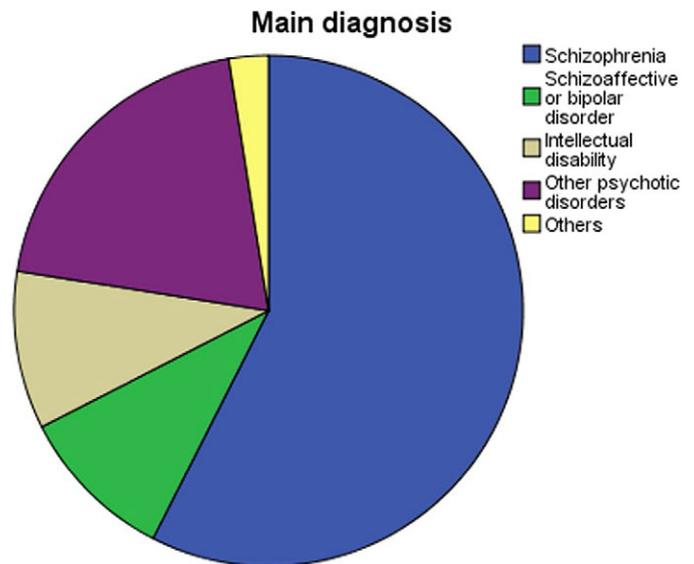
²Servicio Extremeño de Salud, Hospital San Pedro De Alcántara, Cáceres, Spain; ³Servicio Vasco de Salud, Hospital Universitario De Basurto, Bilbao, Spain; ⁴Servicio Vasco de Salud, Red De Salud Mental De Bizcaia, Bilbao, Spain and ⁵Servicio Extremeño de Salud, Hospital De Mérida, Mérida, Spain

*Corresponding author.

Introduction: More and more patients are treated with paliperidone palmitate.

Objectives: To describe Clinical and pharmacological characteristics, as well as willfulness in the choice of treatment of patients treated with monthly (PP1M) or quarterly (PP3M) paliperidone palmitate.

Methods: This is an observational, descriptive and cross-sectional study, which uses a sample of convenience defined by all patients who visited the Mental Health Team during April 2018 and who



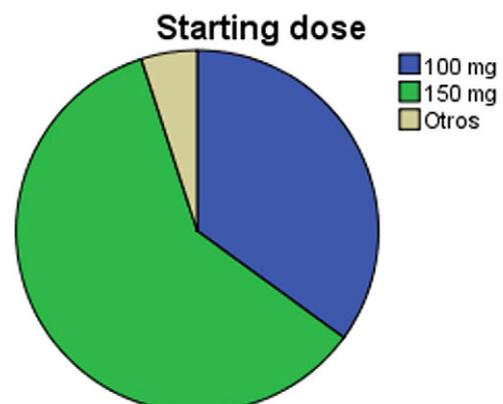
were receiving monthly or quarterly treatment with paliperidone palmitate.

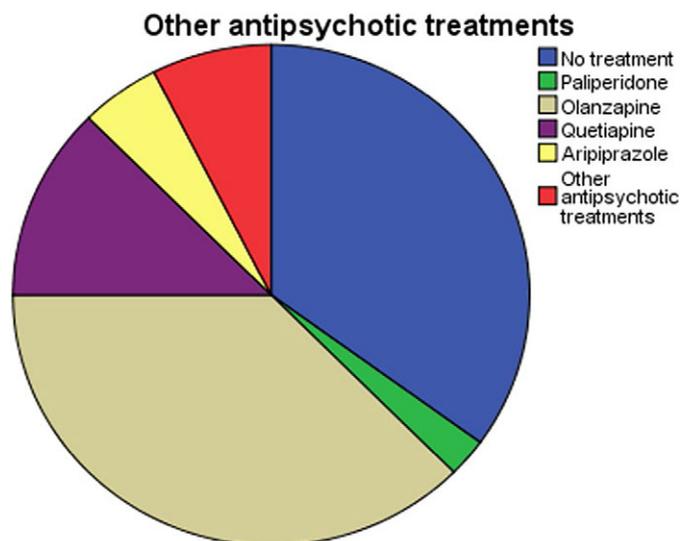
Results: Most patients (85%) voluntarily chose to start the long-term paliperidone palmitate treatment and 15% accepted it "forcedly" (established in Short Hospitalization Units, in Medium or Long Stay Units or by court order). Schizophrenia is the most frequent diagnosis (57.5%; figure 1) and the majority of patients do not present another associated comorbid diagnosis (65%).

The 150mg dose is the most frequent at the beginning (60%; figure 2) and maintenance (50%) (and its equivalent 525mg PP3M).

The most frequent prior treatment (to the establishment of PP1M) was one or several oral antipsychotics (77.5%), followed very far by oral antipsychotic + injectable antipsychotic not PP1M / PP3M (5%) or only another Injectable no PP1M / PP3M (3%). 1% received PP1M as their first choice. Of the patients on treatment with PP1M or PP3M, 37.5% also took 37.5% olanzapine, followed by 35% who did not take another concomitant antipsychotic treatment (figure 3).

Conclusions: Most of patients treated with PP1M or PP3M were diagnosed with schizophrenia, chose the treatment voluntarily and took it alone or associated with olanzapine.





Conflict of interest: No

Keywords: choice of treatment; characteristics; paliperidone palmitate

EPV0574

Prevalence of pervasive developmental disorders in medico-administrative databases, france 2010-2017

C. Ha^{1*}, F. Chin² and C. Chan-Chee³

¹Santé publique France, Non-communicable Diseases And Trauma Division, Saint-Maurice Cedex, France; ²Santé publique France, Direction Appui, Traitement Et Analyse De Données, Saint-Maurice, France and ³Santé publique France, Non-communicable Diseases And Trauma Division, Saint-Maurice, France

*Corresponding author.

Introduction: In France, the published prevalences of pervasive developmental disorders (PDD) are limited to data collected by two registers from specific geographical areas in children aged 8 years.

Objectives: The aim of this study was to estimate the prevalence of PDD for the entire population at the national level.

Methods: French national medical administrative databases that cover nearly all the population provide data on hospitalization and on ambulatory care (consultations and procedures, biological tests, medication...) without indication on the related diagnosis, except for 30 chronic and costly affections ("affections de longue durée", ALD) for which the eligible patient's ALD-related care is free of charge. All patients managed in psychiatric facilities between 2010 and 2017 with PDD diagnoses (ICD-10 code F84) or with ALD for PDD were included. Rates have been standardized on the age structure of the 2015 French population.

Results: In 2017, 119,260 patients with PDD were identified. The crude rate was 17.9 per 10,000 inhabitants (27.9 in men and 8.5 in women), maximum in children aged 5 to 9 (72.0). There was a steady increase in the standardized rates over the study period (from 9.3 in 2010 to 18.1 in 2017).

Conclusions: Our rates in children aged 8 are close to the prevalence rates provided by the two French registers, which suggests that most children benefit from treatment by the health care system. Despite its limitations, this study is the first in France using medical

administrative databases to estimate prevalence rates for PDD at the national level.

Conflict of interest: No

Keywords: Autism; Pervasive developmental disorders; prevalence; France

EPV0578

Changes in attitudes toward mental illness in health care professionals and students

Y.-J. Lien^{1*}, H.-S. Lin^{1,2}, Y.-Y. Lien¹, C.-H. Tsai¹ and T.-T. Wu¹

¹National Taiwan Normal University, Department of Health Promotion And Health Education, Taipei, Taiwan and ²National Taiwan Normal University, Department of Health Promotion And Health Education, Taipei City, Taiwan

*Corresponding author.

Introduction: Mental illness-related stigma not only exists in public but also in healthcare system. Healthcare providers (HCPs) who have stigmatizing attitudes or behaviors might be thought to be a key barrier to mental health service use and influence the quality of healthcare. Although cumulative projects have been conducted to reduce mental illness-related stigma among HCPs around the world, little is known about whether the attitudes of HCPs toward mental illness have changed over time.

Objectives: The aim of the current study was to help clarify this issue using a cross-temporal meta-analysis of scores on Social Distance Scale (SDS), Opinions about Mental Illness (OMI), and Community Attitudes towards Mental Illness (CAMI) measure among HCPs.

Methods: A systematic review was carried out from the inception of the databases until February 2019. Search terms fell into four categories: stigma, mental illness, and healthcare provider (professionals and students). Studies were limited to survey. Data was analyzed using a random-effect model.

Results: A total of 34 studies and 15,653 participants were included in the analysis. Results indicated that both social distance ($\beta = -0.32$, $p < 0.001$) and attitudes ($\beta = 0.43$, $p = 0.007$) of HCPs toward mental illness have become increasingly positive over time.

Conclusions: These findings provide empirical evidence to support that the anti-stigma programs and courses have positive effect on HCPs and can inform future anti-stigma programs focus on improving the attitudes of HCPs toward mental illness, thereby improving the quality of healthcare provided.

Conflict of interest: No

Keywords: Stigma; Healthcare providers; mental illness; Attitude

EPV0579

Structural competency in psychiatry: going beyond the basics. A case report

R. Maini*

Montefiore Medical Center, Psychiatry, Bronx, United States of America

*Corresponding author.

Introduction: Recently, psychiatry residency programs have emphasized structural competency training. Our program is based in a diverse community with many immigrants where residents can learn

first-hand how systemic issues impact patients. Through a case study, we highlight the impact of political struggles and cultural values on the management and presentation of psychiatric symptoms.

Objectives: To highlight the importance of structural competency and better understand the macrolevel systems including cultural, societal and political forces that impact the care of a psychiatric patient in the United States

Methods: We present the case of a middle-aged, Nigerian immigrant with serious mental illness admitted to an inpatient unit.

Results: During individual psychotherapy, the patient gained insight into the role culture had his delusions, the barriers it presented in seeking medical attention, and the effect his disease had on his family, resulting in his current struggles with guilt. He discussed reactions to media portrayals of shootings, suicide, gun control, and his fears regarding discharge. At a political level, patient is facing deportation and may be killed if he is deported. The world seems to be leaving patient with no other option besides chronic psychiatric hospitalization.

Conclusions: Discussing cultural, political and social issues in therapy can be extremely helpful in understanding a psychiatric patient and help address the core issues that result in depressed mood and feelings of guilt. As a physician in training, it is essential to develop skills in structural competency in order to not only optimize patient care but also to understand the challenges associated with safe discharge planning.

Conflict of interest: No

Keywords: Structural Competency; Culture; Politics

EPV0580

Increased hospitalization for all psychiatric disorders, mood disorders and alcohol use disorders in Italy following the great recession

G. Mattei*, B. Pistoresi and T. Addabbo

University of Modena and Reggio Emilia, Department of Economics, Modena, Italy

*Corresponding author.

Introduction: Economic crises may cause physical and mental health outcomes, especially when the budget destined to welfare and social protection is cut.

Objectives: To assess the impact of the Great Recession on hospitalization in acute psychiatric inpatient units (APIUs) in Italy. The potential buffering mechanism played by social protection was investigated, as well

Methods: The association between macroeconomic indicators (unemployment and long-term unemployment rates, and real gross domestic product per capita) and rates of discharge for psychiatric disorders in Italy between 2005 and 2017 was investigated by means of fixed effects panel regressions. Per capita expenditure on social services and benefits delivered by single and associated municipalities was included to test the role exerted by social protection as potential moderator of the association. Data source: Italian National Institute of Statistics.

Results: Following the Great Recession, hospitalization due to All Psychiatric Disorders, Alcohol Use Disorders and Mood Disorders increased in the male Italian population. In the female sample, only Alcohol Use Disorder increased. With respect to other diagnostic groups, no significant associations stemmed out from the analysis. Social protection was able to buffer the negative mental health outcomes of the Great Recession with macro-regional features, namely in the North-East, in Central Italy, and in the Islands.

Conclusions: Increased hospital admissions in APIUs occurred in Italy as a consequence of the economic crisis. Social protection was able to buffer the negative mental health outcomes of the crisis in the Italian regions reporting higher mean expenditure in the social expenditure indicator considered.

Conflict of interest: No

Keywords: economic crisis; epidemiology; Great Recession; hospital admissions

EPV0581

On social psychiatry: resident houses, Part I – theoretical approaches

E. Neu^{1*}, M. Michailov², U. Welscher², P. Birkenbihl², R. Neu², V. Foltin³, M. Holler⁴ and G. Weber⁵

¹Inst. Umweltmedizin (IUM) c/o ICSD/IAS e.V. POB 340316, 80100 Muenchen, Germany (Int.Council Sci.Develop./Int.Acad.Sci. Berlin-Innsbruck-Muenchen-NewDelhi-Paris-Sofia-Vienna), Pharmacophysiology, München, Germany;

²Inst. Umweltmedizin (IUM) c/o ICSD/IAS e.V. POB 340316, 80100 Muenchen, Germany (Int.Council Sci.Develop./Int.Acad.Sci. Berlin-Innsbruck-Muenchen-NewDelhi-Paris-Sofia-Vienna), Pharmacophysiology, Muenchen, Germany;

³St. Elizabeth Univ., Of Health & Social Work, Bratislava, Slovak Republic;

⁴Univ. Hamburg, Fac. Economics (ex-dean), Hamburg, Germany and ⁵Univ. Lxbg. & Vienna, Fac. Psychology (ex-dean), Vienna, Austria

*Corresponding author.

Introduction: Similar to philosophy (regina scientiarum) is psychiatry relevant for all life sciences. Immense medical&ecological problems need renewal of psychiatry. ANTHROPOLOGY AND PSYCHIATRY. The primus inter pares of European philosophers&universalists ARISTOTELES and PLATON – Immanuel KANT considered over 200years ago physiological and pragmatic anthropology [1].

Objectives: Actually is given concept about an integral anthropology (IA) describing human (individual-A) in interaction with nature-society (natural&social-A), building special-A.

Methods: This is fundamental for general-A: philosophical-normative, pedagogical-educative, medical-curative/prophylactic, related to fundamental question of philosophy/science “What is the human?” acc to Kant [2].

Results: Terminus social physiology is discussed by K.Sudakov, O. Glasachev et-al., T.D.Seeley [3-4]. High complexity of interaction between different factors is described by Russian physiologists Iwan Pawlow (Nobel-Laureate)&co-workers N.Wedenski-A. Uchtomski-Leon Orbeli,who give basis of modern psychiatry related to social-physiology discussed by Nobel-Laureates C.von Frisch/FRG, K.Lorenz/Austria, N.Tinbergen/GB, also B.Skinner/USA. RESIDENT HOUSES (RH) are natural&social place for human: In Europe are living millions of tenants: Germany-54.3%/Austria-30.2%/France-25.3%/GB-24.1%/Italy-12.9%/Slovenia-4.5%. German journals reflect catastrophic situation of tenant-lessor conflicts. Juridical experts from Mieterverein München could inform [5]. Examples for impossible situation in German-RH: After 47 years annihilation of RH-contract (tenant-woman 74 years); over 3 years lessor tries to eliminate 2scientists from RH, living-working 40/50 years (junior invalid, senior 85 years, both with complex pathology), using totalitarian-methods; also tenant 90 years with dementia or blind senior (90 years) after 44 years by letters from employer about annihilation of contracts for RH [5].

Conclusions: Situation in Germany, e.g. RH-Munich demonstrates contradiction to human rights (CHARTA of EU, art.1-8/25-26/33-35), leading to psychic diseases. This is ignoring moral-philosophy, related to human-obligations/I.Kant [1], experimental ethics/Ch.Luetge-et-al. [6], medical personnel/R.Pegoraro [7]. Ref. s.part II.

Conflict of interest: No

Keywords: resident houses; social physiology; social psychiatry; UNO-Agenda 21

EPV0584

Burnout in the albanian population.

Z. Skorovoti

Mother Theresa Hospital, Neuroscience, Tirane, Albania

Introduction: Work-related stress is the response people have when faced with pressures and demands that are incompatible with their knowledge and skills and challenge the ability to adapt. Work stress can increase when workers do not feel supported by supervisors or colleagues or feel as though they have little control over work processes.

Objectives: The purpose of this paper is to assess the level of stress and exhaustion in the workplace, the positive and negative factors in Albania in mentally-challenged employers.

Methods: This study is a descriptive study that aims at assessing the positive and negative factors affecting the level of stress in the working population as well as the level of productivity seen in economic as well as in health terms. In this study 1000 employees participated and the selection was done through sampling techniques. Data were processed with SPSS version 23. Questionnaires used are the Burnout Self-Test Maslach Burnout Inventory, G.H.Q. 12, SDS.

Results: The stress level at work is influenced by many factors such as age, economic income, social status, working conditions, job security, working hours. Work stress is responsible for sleep disturbances, the ability to concentrate, feelings of powerlessness and mood swings, self-esteem, the ability to cope with problems, and overall happiness.

Conclusions: The sample in the study showed that the average burnout rate is 31 points, so this sample indicates that the population is in burnout.

Conflict of interest: No

Keywords: work-related stress; exhaustion in the workplace; mentally-challenged employers.; Burnout

EPV0585

Analysis of the causes of frequent and super-frequent hospitalizations in the department of the first psychotic episode

A. Usova

Omsk State Medical University, Psychiatry And Medical Psychology, Omsk, Russian Federation

Introduction: There are patients with schizophrenia whose hospitalizations are frequent or super-frequent. They form a group for which specialized care is ineffective. A high risk of re-hospitalization is observed in persons in the first 5 years from the onset of the disease. It is important to identify the most significant criteria for re-hospitalization in order to influence them.

Objectives: To determine the risk predictors of frequent hospitalizations of patients with schizophrenia in the Department of the first-episode psychosis.

Methods: The sample consisted of patients diagnosed with schizophrenia (n=48). Clinical and socio-demographic characteristics of patients of this group were studied. The PANSS scale was used to assess the severity of positive and negative syndromes. Social functioning was explored using a questionnaire to assess the social functioning and quality of life of mental patients. To analyze the data, the exact Fisher criterion was used at p=0,05.

Results: The main reason for rehospitalization was the refusal of patients to take drugs. The presence of social problems and the use of psychoactive substances by the patient significantly increased the risk of frequent and super-frequent hospitalizations.

Conclusions: The results of the study show that increasing patient compliance and providing social assistance can help reduce rehospitalization.

Conflict of interest: No

Keywords: schizophrenia; frequent hospitalizations; first-episode psychosis

EPV0586

Syndromes that causes the level of schizophrenia external stigma in students

K. Vasilchenko*, V. Ismagilova and N. Shnitsar

Omsk State Medical University, Psychiatry And Medical Psychology, Omsk, Russian Federation

*Corresponding author.

Introduction: Schizophrenia is a mental disorder still full of stereotypes. It is also still unknown what kind of syndromes causes people's attitude to patients: positive or negative.

Objectives: To determine the perception of performed negative and positive syndromes of schizophrenia on the level of the schizophrenia external stigma.

Methods: The cross-sectional study was performed on September 2019 with a sample of 650 students from Universities of Omsk. Two types of patient histories were shown to students randomly before participants started to fill the questionnaire form: one consisted of history with positive syndromes, and the other with negative syndromes. The questionnaires were administered in a class environment.

Results: Statistically significant difference was determined between the forms differed in positive (24 [18; 33] points) and negative (21 [16; 28,5] points) syndromes (p = 0,049). In addition, difference was found between students of two groups: who had a friend diagnosed with mental disorder (20 [15; 31] points) and the other (24 [19,31] points) who had not (p = 0,004).

Conclusions: Thus, the stigma of schizophrenia in a population's mind is suggested to depend on the presented types of syndromes, positive or negative, and the presence of mentally ill persons among friends of responders, as well.

Conflict of interest: No

Keywords: Students; external stigma; Stigma; schizophrenia

EPV0587

A descriptive comparison between population served by united states of america and spain mental health centers.

D. Carracedo Sanchidrián^{1*}, M. Batalla Monedero² and E. Rodríguez Soria³

¹Hospital Universitario la Paz, Mental Health, Madrid, Spain;
²Hospital La Fe, Psychiatry, Valencia, Spain and ³Hospital Universitario de Fuenlabrada, Mental Health, Fuenlabrada, Spain
 *Corresponding author.

Introduction: Culture, environment and even the health system itself influence the manifestations of psychopathology. Two patient samples treated in two different health systems and cultures are described and analyzed.

Objectives: Illustrate and compare two samples of outpatients treated in mental health centers of two different countries. Analysis of its sociodemographic variables and diagnosis.

Methods: Descriptive analysis of outpatients from United States of America and Spain Mental Health Centers. Sociodemographic and diagnostic data were collected during the rotation period of three mental health residents. Age, consumption of legal substances, gender, comorbidity with organic disorders and diagnosis are compared.

Results: A sample of 172 patients between 16 and 85 years old (73 from Roberto Clemente Center - Gouverneur Hospital (USA), 33 from Fuencarral Mental Health Center - Hospital la Paz (Spain), 33 from Trinitat Mental Health Center - Hospital Universitario y Politécnico la Fe and 33 from El Arroyo Specialty Center - Hospital Universitario de Fuenlabrada) was analyzed. Most frequent diagnosis at RCC was Major Depressive Disorder, versus Adjustment Disorder at Spain Mental Health Centers. In Spain there were more range of diagnoses. In both samples, female gender was the most frequent. Legal drug consumption was higher in the Spanish sample. Comorbidity with organic disorders was higher in the American sample.

Conclusions: The culture, through the different ways of expression, the context, with its different stressors, and the framework established by the health system influence the conception and manifestation of psychopathology. The impact of this circumstance on the treatment will be the objective of future work.

Conflict of interest: No

Keywords: mental health; Health system; public health; Cultural impact

EPV0588

Relationship between safety perception and community participation in victims of the armed conflict in a municipality of the colombian caribbean

M.N. Muñoz Argel^{1*}, M. Arcos Guzman¹, J. Vélez Carvajal², P. Forero Ospina³ and M. Quintana Fernandez²

¹Universidad Pontificia Bolivariana, Psicología, Montería, Colombia;
²Universidad Pontificia Bolivariana, Social Communication, Montería, Colombia and ³Universidad Pontificia Bolivariana, Formación Humanista, Montería, Colombia
 *Corresponding author.

Introduction: Safety perception is an excellent indicator of the institutional capacity to protect the security of citizens (Arcos, Ávila, Vera, & Pérez, 2018). Such a concept is key to understand the context which has been marked by violence (Political Analysis Center, EAFIT University, 2014), and it also has had the ability to undermine welfare and break the social fabric (Taylor, 2011).

Objectives: Identifying the relationship between safety perception and community participation with victims of the armed conflict.

Methods: A cross-sectional study of correlational scope are presented. This study has been aimed at identifying the relationship

between safety perception and community participation with victims of the armed conflict, with a sample of thirty subjects (n = 30) (56.7 % women and 43.3% men), average age of 53.33 ($\sigma = 12,263$), all inhabitants of a municipality in the Colombian Caribbean. The Survey "Configuration, Territory and Society" has been used for the data collection by selecting the Community Participation scales (item p113, p120, p121, p122, p123, p124) ($\alpha = .867$) and the Safety Perception scale (p117, p118, p119) ($\alpha = .920$).

Results: The main results, there is a positive correlation between the study variables ($r = .005$; $p = .392$).

Conclusions: The safety perception has an impact on the psychosocial processes such as the community participation itself that is associated with positive social links. Ethical care and respect for human dignity are highlighted through the development of the study, recognizing the social and political importance of victims in the construction of peace.

Conflict of interest: No

Keywords: Safety perception; Community participation; Victims; Armed conflict

EPV0593

Dementia and alzheimer's disease in the czech republic – what can be expected in the coming years?

K. Benešová*, J. Jarkovsky, A. Pokorná and J. Soukupova

Institute of Health Information and Statistics of the Czech Republic, -, Prague, Czech Republic

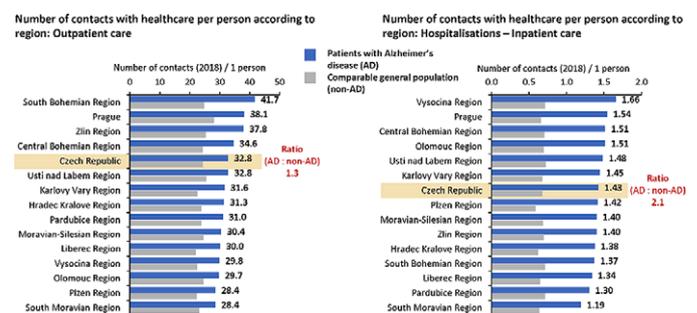
*Corresponding author.

Introduction: Ageing of the population in the Czech Republic contributes to an increase of AD. Since the 2019, the data of national healthcare registries are combined with data of health insurance companies (NRRZS) and allows a comprehensive analysis of the AD and unconfirmed dementia from the period 2010–2018.

Objectives: This study aims to describe the type, amount, and patterns of healthcare used by patients with AD and to make a prediction of prevalence that will help stakeholders to prepare effective measures.

Methods: Health characteristics of the population with AD were compared with a control population with comparable age and sex structure. The predictions were made using the Poisson regression; comorbidities were evaluated using the DCCI index.

Results: Based on our data, 0.6% of the Czech population suffered from AD in 2018. Based on a prediction model, there will be 174,000 patients in 2030. Because the reported prevalence of AD in the Czech Republic is lower than in other Central European countries (see Fig. 1), AD is probably underdiagnosed. An average AD patient needs 1.3 times more outpatient and 2.1 times more inpatient care than non-AD patients. The geographical variance of





healthcare demands is quite pronounced (see Fig. 2) and patients with AD suffer from more comorbidities (see Fig 3).

Conclusions: The Alzheimer's disease presents a large burden for the healthcare system. The prevalence of AD grows significantly every year, and demographic trends will even enhance this phenomenon. Detailed data on AD patients are necessary for authorities to make efficient measures towards planning of healthcare.

Conflict of interest: No

Keywords: dementia; health insurance data; Alzheimer's disease; national registry

EPV0595

Incidence of disability for mental illness and behavior disorders

L. Čeledová*, R. Čevela, R. Odložilik and T. Pastircakova

Charles University Faculty of Medicine in Pilsen, Social And Assessment Medicine, Pilsen, Czech Republic

*Corresponding author.

Introduction: Medical Assessment Service works within the Czech Social Security System and is mostly incorporated in organizational structures of the Ministry of Labour and Social Affairs.

Objectives: Disability as an assessment-medical category of the system of pension insurance is a multi-dimensional category, as it includes medical, labour, social, legal, and economic circumstances. The basic and underlying reason for disability is a physical impairment having a character of long-term adverse medical condition.

Methods: Disability for mental disorder assessed by a separate chapter in the Annex to Decree No. 359/2009 Coll. When assessing the rate of decline in capacity to work for mental disorders and behavioural disorders, the monitored period decisive to assess the rate of decline in capacity to work should usually take one year.

Results: During the period 2012 to 2018 the assessment for overall disability decreased of 21%. Mental diseases are the second leading cause of disability after muscular and skeletal diseases. During the period 2012 to 2018 the assessment for disability of mental disorders decreased by 9 % (from 32 324 in 2012 to 26 224 in 2018).

Conclusions: The incidence of mental disorders in the Czech population has been rising over the past ten years. The number of disability assessments continues to decrease. This can be caused by applying assessment criteria that are 10 years old and, thus, do not correspond to current therapeutic knowledge and modern trends in psychiatry or due to better therapeutic results.

Conflict of interest: No

Keywords: Medical Assessment Service; disability; Long-term adverse medical condition

EPV0596

A novel approach to assessing the size and duration of the impact of life events on affective and cognitive wellbeing

N. Glozier^{1*}, R. Morris², N. Kettlewell³, D. Cobb-Clarke³ and S. Cripps²

¹Prof, Brain And Mind Centre, Camperdown, Australia; ²University of Sydney, Brain And Mind Centre, Camperdown, Australia and

³University Of Sydney, Economics, Sydney, Australia

*Corresponding author.

Introduction: Aim: Major life events affect our wellbeing.

Objectives: The comparative impact of different events, which often co-occur, has not been systematically evaluated, with scales often assuming equivalence in both amplitude and duration, that different wellbeing domains are equally affected, and that individuals exhibit hedonic adaptation.

Methods: Method: We evaluated the impact of eighteen major life-events using the HILDA household panel survey (n=c.13,000 each wave) over a 7-year time-window (three years before, four years after each event) using fixed-effect regression models assessing within person change. The impact on affective and cognitive (life satisfaction) wellbeing was evaluated both individually, and then conditionally, accounting for co-occurring events.

Results: In general positive events had only small, and short-lived, effects on affective wellbeing but a larger impact on cognitive wellbeing. Affective hedonic adaptation to all positive events occurred by three years, but monetary gains and retirement had ongoing benefits for cognitive wellbeing. Monetary losses, and serious injury/illness led to long term reductions in both types of wellbeing which had not returned to pre-event levels even 4 years after. Marriage and retirement had significantly greater impact (AUC P<0.05) on cognitive than affective wellbeing, whilst promotion and moving home had the opposite effects.

Conclusions: Many common life events have little long-term effect on wellbeing after accounting for co-occurring events. Hedonic adaptation is common but had not occurred for some highly impactful events even four years afterwards. Life satisfaction was substantially enhanced by several positive events but only a promotion and, possibly, children seemed to make people happy.

Conflict of interest: No

Keywords: Cohort; Life events; epidemiology; Wellbeing

EPV0598

Social exclusion risk factors associated with psychiatric disorders among the young population

M. Ladea^{1,2*}, M.R. Patrascu¹, A. Sofia^{1,2}, M. Bran³ and T. C. Ionescu^{1,2}

¹Alexandru Obregia Clinical Hospital, Department 3, Bucharest, Romania; ²University of Medicine and Pharmacy "Carol Davila", Psychiatry, Bucharest, Romania and ³Coltea Hospital Bucharest, Psychiatry, Bucharest, Romania

*Corresponding author.

Introduction: Social inclusion of people with mental health issues is an aim of the World Health Organisation. Recently, social

measures like social inclusion, the outcome improvement and the increase of quality of life have become an essential part of modern community delivered services.

Objectives: To determine social and economic impairment and the association with demographic and clinical data concerning young people with psychiatric disorders.

Methods: The present paper is a cross-sectional, retrospective analysis that included 480 patients with ages between 18 and 35 years old, admitted to the psychiatric clinic between 2017 and 2018. All patients were men, given the specificity of the department. Analysed data consisted in demographics, data on social inclusion (social protection, employment, education, health), psychiatric and somatic comorbidities, substance use, the risk of hetero-aggression, and main therapeutic classes.

Results: In regard to the main diagnosis at discharge, 25.62% had different subtypes of schizophrenia, 20.41% of patients were diagnosed with acute psychotic episode, 15% associated alcohol related disorders, 10.20% depressive disorder and 28.77% other diagnoses (bipolar affective disorder, personality disorders, neurodevelopment disorders). Referring to occupational status, most of the patients were unemployed (47.29%), 21.87% received disability benefits, while less than a third were employed (13.12%) or undergoing studies (17.72%). Just 69% were medically insured, meaning the rest of them had limited access to medication or outpatient services.

Conclusions: Psychiatric patients face economic difficulties from a young age, presenting a significant risk of social exclusion. Unemployment is associated with age at first admission, number of admissions and psychiatric comorbidities.

Conflict of interest: No

Keywords: social exclusion; young population; occupational status; medically insurance

EPV0601

Recover-e project in bulgaria. past, present and future of the mobile psychiatric teams.

V. Nakov^{1*}, H. Hinkov¹, Z. Zarkov¹, P. Dimitrov¹, R. Dinolova¹, A. Popova² and A. Dzhisova²

¹National Center of Public Health and Analyses, Mental Health, Sofia, Bulgaria and ²Mental Health Center .Shipkovensky, Mental Health, Sofia, Bulgaria

*Corresponding author.

Introduction: As an independent medical specialty psychiatry has existed in Bulgaria since 1953. The state introduced the Soviet model of work - dispensary monitoring of patients. This includes home visits of patients with severe mental illness. Mental Health care services in Bulgaria are currently in an unsatisfactory situation and there is a pressing need for reform.

Objectives: Mobile psychiatric teams were presented in Bulgaria before 1989, up to 2006 and now. The main problem for the lack of sustainability of the functioning of such teams is the financing of the psychiatric system in Bulgaria.

Methods: Mobile psychiatric teams at different time periods were examined. The FACT model is presented as part of the RECOVER-E project in Bulgaria. RECOVER-E project has two parts – implementation and research. Bulgaria is one of the five implementation

countries, together with North Macedonia, Croatia, Montenegro and Romania.

Results: For the first time the mobile team involves peer worker / expert from experience/, which helps to solve crises. The differences in the activities of the teams in different time periods are described. A proposal is made for the creation of new teams, as well as their sustainable financing after the end of the project.

Conclusions: One of the major problems is the fragmented nature and lack of continuity of both care and therapy. After discharge from psychiatric hospital, the patient does not routinely have any follow-up appointments or referrals to other professionals. The RECOVER-E project provides an opportunity for a new approach in the treatment of serious mental illness in Bulgaria.

Disclosure: All authors participate in the RECOVER-E project as researchers or as participants in mobile teams. The project is funded by the European Commission under the Horizon 2020 program.

Keywords: RECOVER-E; Mobile; FACT

EPV0604

The importance of treating early emotional trauma for the recovery of persons with experience of psychosis

S. Strkalj Ivezić^{1*}, D. Britvic² and K. Radic¹

¹University psychiatric hospital Vrapce, Social Psychiatry, Zagreb, Croatia and ²University Department of Psychiatry, Social Psychiatry, Split, Croatia

*Corresponding author.

Introduction: Although there is a huge body of evidence that various psychosocial factors, especially early emotional trauma, are associated with an increased risk of psychosis, biological approach toward understanding psychoses and its treatment are still prevalent leading to neglect of psychobiosocial understanding and psychosocial treatment which adversely affects the recovery from the disease

Objectives: The aim is to raise awareness in clinical psychiatry of the need to recognize the impact of trauma on the onset and maintenance of psychosis and to present psychosocial and psychotherapeutic methods that can assist in recovery process and decrease the risk of relapse of psychoses.

Methods: The literature has been searched for the impact of early emotional experience on the risk for psychoses and methods used to treat the consequences of traumatic experience in people diagnosed with psychosis

Results: The results include recommendations for dealing with trauma in people diagnosed with psychosis

Conclusions: There is a need to change mind from a dominant biological understanding of psychoses to a comprehensive psychobiosocial understanding of the patient as a person with life history which contribute to the development of psychoses, thus individual recovery plan that incorporates psychosocial methods of dealing with traumatic experience and its consequences should be available to patients with early trauma history. who has developed psychoses.

Conflict of interest: No

Keywords: psychosis; trauma; psychosocial interventions

Ethics and psychiatry

EPV0610

The level of suicide behavior among transgender people within ukrainian population

S. Lahutina^{1*} and S. Subbota²

¹Bogomolets National Medical University, Institute of Cognitive Modeling, Medical Psychology, Psychosomatic Medicine and Psychotherapy Department, Kyiv, Ukraine and ²Institute of Cognitive Modeling, Scientific Department, Kyiv, Ukraine

*Corresponding author.

Introduction: In recent years, transgender individuals have rapidly gained visibility. Despite this, they continue to be at risk for negative life events that adversely affect their health and well-being, such as being rendered invisible, experiencing isolation, and being subjected to societal violence. Transgender individuals are at higher risk for suicide relative to non transgender people. There is a high level of stigmatization of transgender people all over Ukraine so it is very important to pay attention to the suicide behavior of this social group.

Objectives: Our ongoing project is aimed to examine prevalence rates of completed suicide and suicide attempts of transgender people within Ukrainian population; to determine the gender prevalence of attempted suicide.

Methods: For now we examined 208 participants (21 - 35 years) who met Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-V) of gender dysphoria. Data were collected over a 6-month period from Ukrainian LGBTQ Society participants. The Columbia Suicide History Form and individual interviewing were used to achieve our objectives.

Results: Nearly 70±1,24 % of participants reported a previous suicide attempt. Female to male respondents reported the highest rate of attempted suicide (65,4±1,37%). Moreover, 40,6±1,36 % of participants performed completed suicide.

Conclusions: The level of suicide behavior among transgender people in Ukraine is very high. This situation needs urgent measures - the development of suicide preventive interventions for this social group. We suggest to implement psychoeducational groups in social institutions, spread information that should destigmatize transgender people, create support groups and provide psychotherapeutic support for them.

Conflict of interest: No

Keywords: stigmatization; suicide behavior; transgender; preventive interventions

EPV0611

Foundations of bioethics and mental health model assistance in the city of piauí

L. Luz^{1*}, V. Rutherford² and E. Marques Filho³

¹UFPI, Medicine, Teresina, Brazil; ²FMUSP, Medicine, Sao Paulo, Brazil and ³Facid, Medicine, Teresina, Brazil

*Corresponding author.

Introduction: The foundations of Bioethics, in context of the Brazilian mental healthcare, can establish a guiding reflection of conduct, defining priorities and able to cherish doctors in their

work. The Fundamentals of Bioethics, through the Intervention, Protection and Responsibility Bioethics, must enable the orientation of medical action with its possible and necessary resulting social responsibility. The principles of Bioethics of Intervention, Protection and Responsibility can be identified, exemplified and analyzed both in the initiation and maintenance actions of the mental healthcare project and in the resulting demands and reflections. This study aims, under the aegis of the Fundamentals of Bioethics, to sensitize society and managers and propose practices in mental health care replicable in the Brazilian reality.

Objectives: A) To discuss about mental health care using as an example the experience of the psychosocial network in a city in the countryside of Brazil; B) To use the concepts of Bioethics of Intervention, Protection and Ethics of Responsibility as a guide on the appropriate models of mental healthcare;

Methods: This is a conceptual and philosophical discussion, intending to conduct a case study from the perspective of preparing an essay that provides the preparation of good practices of public policies in mental health considering bioethics.

Results: The psychiatrist, through ethics, engagement, education and empowerment, is able, using bioethics as a means, to be a transformative ethical subject in the reality of mental healthcare.

Conclusions: Professionals, sensitized and guided by the aegis of the Intervention and Protection Bioethics and the Responsibility Ethics, can reverse the perverse logic of social exclusion.

Conflict of interest: No

Keywords: mental health; Bioethics; ethics; Social Responsibility

EPV0613

Coercive measures in our context: a narrative review on its uses

L. Nocete Navarro^{1*}, V. López De Loma Osorio², L. Borrero Granel³, M.F. Bravo-Ortiz⁴ and A. Fernández Liria²

¹Universidad Autónoma de Madrid, Psychiatry, Madrid, Spain;

²Hospital Universitario Príncipe de Asturias, Psychiatry, Alcalá de Henares, Spain; ³Hospital Universitario Nuestra Señora de Candelaria, Psychiatry, Santa Cruz de Tenerife, Spain and ⁴La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Different coercive attitudes and measures are commonly used in clinical practice with the aim of controlling or modifying the behaviours of users of the mental health services. While there is a tendency in our context to foster strategies and regulations to reduce their use, the available data indicate that there is a setback in user's rights and that even more frequently interventions of this type are being carried out.

Objectives: To present, from a critical point of view, relevant published data on the use of formal coercive measures in Psychiatry.

Methods: A narrative review of the literature and presentation of the results.

Results: Generally speaking, not much is yet known about the use of coercive measures in mental health, nor is there any consistent information about the use of these same measures in other medical services. The available data strongly affirm that the use of coercive measures is widespread, and that there is significant variability in regulation, frequency and characteristics across different locations. In Spain, the development of mandatory standardised protocols

and registers is deficient, studies are scarce and access to available information is difficult.

Conclusions: There seems to be a worrying generalization of the culture of coercion. Given the lack of available data, and the potential risk of abuse, as well as physical and psychological harm to users, further research on the characteristics and factors associated with the use of coercive measures in mental health continues to be a matter of urgency.

Conflict of interest: No

Keywords: coercive measures; western countries; mechanical restraint; involuntary hospitalisation

EPV0614

A review of the sociodemographic, clinical and other contextual factors associated with coercive measures

L. Nocete Navarro^{1*}, L. Borrero Granell², V. López De Loma Osorio³, A. Fernández Liria³ and M.F. Bravo-Ortiz⁴

¹Universidad Autónoma de Madrid, Psychiatry, Madrid, Spain; ²Hospital Universitario Nuestra Señora de Candelaria, Psychiatry, Santa Cruz de Tenerife, Spain; ³Hospital Universitario Príncipe de Asturias, Psychiatry, Alcalá de Henares, Spain and ⁴La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: For more than two decades, studies have aimed to understand the association between sociodemographic and clinical aspects of patients with the use of coercive measures. Since then, many researchers have pointed out that their clinical relevance appears to be limited and that it would be more interesting to focus on studying the attitudes of professionals and the cultural and institutional factors.

Objectives: To expose and discuss the evidence of the different factors associated with the use of coercive measures in Psychiatry.

Methods: A narrative review of the literature and presentation of the results.

Results: According to various studies, coercive measures are most frequently carried out on young, male, immigrant or racialized people. The correlation with the diagnoses is unequal, having been related to different psychotic disorders, bipolar disorder, substance abuse or personality disorders. Among other factors, it has also been observed that people with a greater history of trauma are more likely to suffer this type of interventions, and that the use of these procedures facilitates the application of new coercive measures.

Conclusions: Research on predictors of the use of formal coercive measures has been focused on studying the association with different patient characteristics, and the findings have been diverse. The variables associated with coercive measures are sometimes contradictory and generally of scarce relevance. On the other hand, despite being less considered during research, many authors suggest that other factors such as sociocultural characteristics or the working philosophy of each unit, may play a decisive role in this sensitive matter.

Conflict of interest: No

Keywords: coercive measures; Sociodemographic factors; clinical factors

EPV0615

The impact of coercive measures: are we blind to the obvious?

L. Nocete Navarro^{1*}, L. Borrero Granell², V. López De Loma Osorio³, A. Fernández Liria³ and M.F. Bravo-Ortiz⁴

¹Universidad Autónoma de Madrid, Psychiatry, Madrid, Spain; ²Hospital Universitario Nuestra Señora de Candelaria, Psychiatry, Santa Cruz de Tenerife, Spain; ³Hospital Universitario Príncipe de Asturias, Psychiatry, Alcalá de Henares, Spain and ⁴La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Mechanical restraint, despite its invasiveness and the many criticisms it receives along with other coercive measures, is widely used in most mental health services throughout the world. However, despite this widespread use, and beyond the dubious ethical validity of the interventions, doubts on their effectiveness persist, and the consequences of their use on patients, professionals and the therapeutic bond tend to be ignored.

Objectives: To present the available evidence on the consequences of the use of coercive measures in Psychiatry.

Methods: Discussion based on the findings of a narrative review of the literature on the subject.

Results: The absence of quality empirical studies that give positive results in relation to the therapeutic efficacy of coercive measures is remarkable and calls for consideration on what the decisions of professionals are based on when they are ordered. It has been found that the consequences on mental health service users are deleterious, with impact (sometimes serious) on the physical and mental health level, damaging also the therapeutic bond with professionals and with the institution. Finally, it has been described that they may also have traumatic effects on staff and lead to a modeling of their professional identity.

Conclusions: It seems that coercion permeates the care relationship in a way that can hinder any help. The evidence available on the effectiveness of coercive measures is scarce and poor, but on its harmful consequences is very clear. The reasons justifying their use are arguable and the maintenance of these procedures in modern mental health systems is a shameful burden.

Conflict of interest: No

Keywords: trauma informed care; coercive measures; ethical challenges

EPV0617

Cross-cultural differences in attitudes toward euthanasia among russian and uzbek medical students

E. Nikolaev^{1*}, A. Aleksandrov², I. Poverinov³, L. Niyazov⁴, N. Safarova⁴ and M. Gulamova⁴

¹Ulianov Chuvash State University, Department of Social And Clinical Psychology, Cheboksary, Russian Federation; ²Ulianov Chuvash State University, Department of Public Law, Cheboksary, Russian Federation; ³Ulianov Chuvash State University, Department of Philosophy, Sociology And Pedagogy, Cheboksary, Russian Federation and ⁴Bukhara State Medical Institute, Medical Chemistry Department, Bukhara, Uzbekistan

*Corresponding author.

Introduction: Medical students develop their attitude towards euthanasia during their study at medical schools. These views may reflect cultural traditions of different countries.

Objectives: The goal of the research is to find out cross-cultural differences in attitudes towards euthanasia among Russian and Uzbek medical students.

Methods: The research is based on the survey of 140 students of medical universities of Russia ($n=84$; mean age 19.1 ± 2.1) and Uzbekistan ($n=56$; mean age 20.1 ± 1.6). To measure various aspects of euthanasia attitudes, we used E. Nikolaev (2016) structured questionnaire.

Results: According to most parameters the students of the two countries revealed no significant differences. At the same time 64.8% of the Uzbek students consider euthanasia primarily as a legal matter that requires legislative regulation ($p=0.000$) and 70.5% of Russian students see euthanasia as an issue of moral and ethical nature that should be solved in compliance with the paramount human values ($p=0.025$). There were also revealed valid differences ($p=0.03$) concerning one of the spiritual aspects of euthanasia – there were more Uzbek students who confidently believe that humans have no right to depart their life voluntarily as they come to this world not at their own will. These manifestations can be related to a certainly higher level of religious faith declared by the Uzbek students as compared to the Russian ones ($p=0.02$).

Conclusions: Cross-cultural differences in attitudes euthanasia are determined by the fact that Russian medical students are guided mostly by the proper ethical nature of the issue while Uzbek medical students regard both legal and spiritual aspects.

Conflict of interest: No

Keywords: ethics; attitudes toward euthanasia; cross-cultural issues; medical students

EPV0618

Beliefs and attitudes toward supervision in CBT and competencies of the trainees in cognitive behavioral training

J. Prasko^{1*}, M. Ociskova¹, M. Slepecky² and A. Kotianova²

¹Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic and ²Faculty of Social Science and Health Care - Constantine the Philosopher University in Nitra- Slovak Republic., Department of Psychology Sciences, Nitra, Slovak Republic

*Corresponding author.

Introduction: CBT emphasize the role of supervision during the training of the therapists. Beliefs and attitudes toward supervision in CBT could change during CBT training and could be influenced by the competencies of the therapist.

Objectives: Our study was concentrated on mapping of the participants of CBT training expectations from the supervision in different phases of training and for the question, if these expectations are in any relation with the therapeutic competencies of the participants rated by the trainers and supervisors.

Methods: Beliefs and attitudes toward supervision were assessed by the Attitudes and Beliefs about Supervision Scale (ABSS). Trainers and supervisors rate the level of competencies in Competency of the therapist questionnaire (CTQ).

Results: There were 50 trainees with mean age $34.8 + 7.3$ and mean length of praxis $3.42 + 1.0$ years. Trainees prefer helping with self-reflection and understanding of therapeutic relation more, than supervision of skills, structure and process. There were not the correlations of the most of ABSS domains with the trainees' therapeutic competencies rated by the trainers and supervisors with exception of domain "skills", which correlate with some specific CBT competencies like skill to reward patient, using conceptualization and leadership of social skills training.

Conclusions: The trainees of cognitive-behavioral therapy courses expect from the supervision helping in the understanding of the therapeutic relation and the improvement of the self-reflection and these expectations are higher than the expectations about supervision of skills and therapy structure. Supported by the research grant VEGA no. APVV-15-0502

Conflict of interest: No

Keywords: supervision; cognitive behavioral therapy; competencies; beliefs and attitudes

EPV0622

Un convention on the rights of persons with disabilities (CRPD): relevance for training and practice of psychiatry

S. StrkaljIvezic*

University psychiatric hospital Vrapcetal Vrapce, Social Psychiatry, Zagreb, Croatia

*Corresponding author.

Introduction: UN Convention on the Rights of Persons with Disabilities (CRPD) was ratified in many EU states. The states acknowledge that the principles of the CRPD should be transposed into their national legislations. According to the guidelines by UN High Commissioner for Human Rights for persons with mental health problem sin 2017 treatment can be conducted solely on the basis of informed consent. There is no possibility for substitution decision-making, involuntary hospitalization and the use of coercion measures, as well as the defense of committing a crime based on insanity due to mental disorder and thus circumventing the prison system.

Objectives: The aim is to discuss the points of disagreement from psychiatric profession and propose solutions that will allow treatment for persons who have no decision-making capacity or refuse treatment that could help them improve and maintain mental health and prevent behaviour that are affected by a mental illness that would be a violation of the law. The relevance for training in psychiatry will be also discussed.

Methods: Relevant literature related to this topic have been searched and analysed

Results: A review of the literature reveals dissatisfaction from the psychiatric profession, especially for access to treatment for those persons where there are a high risk of suicidality, danger to others as well as lack the capacity to make decision.

Conclusions: The open dialogue is needed in this topic in order to find a solution for the treatment of people with mental disorders who are at high life and health risk for themselves and others.

Conflict of interest: No

Keywords: Human rights; UN convention; training

Forensic psychiatry

EPV0625

New approaches to the problem of domestic violence against women in russia

M. Kachaeva*, N. Skibina, L. Nazarova and N. Kharitonova

Sechenov First Moscow State Medical University, Chair Of Forensic Psychiatry, Moscow, Russian Federation

*Corresponding author.

Introduction: Domestic violence against women has increasingly been recognized nationally and internationally as a serious problem. Violence against women is a troubling phenomenon in Russia. Domestic abuse against women often results in longterm mental health problems.

Objectives: The main aim of the study was to find out the psychological and psychiatric consequences of violence against women and to determine the origins of crimes committed by abused females.

Methods: A cohort of 10 females was examined by forensic psychiatrists. All women had committed crimes of violence (murders, attempted murders). Details of background, psychiatric and offending history were extracted. Each item was assessed with the help of descriptive statistics.

Results: A research has been carried out on the basis of psychiatric and forensic psychiatric assessment of two groups of women who had a long history of violence by their husbands or partners. Clinical assessment has revealed depression, anxiety, low self-esteem, post-traumatic stress disorder, drug abuse. All women underwent forensic psychiatric assessment as they had committed serious crimes of violence. The research has revealed two types of homicides. Women of the first subgroup displayed pathological altruistic motivation of their children. Women of the second subgroup had committed homicides of their husbands and partners whose violence towards women escalated in severity.

Conclusions: The research shows the necessity of domestic violence prevention by legal provisions and multidisciplinary research with participation of psychiatrists, psychologists, sociologists, human rights advocates and feminist societies.

Conflict of interest: No

Keywords: women; violence; homicide; Dépression

EPV0627

The use of psychometric scales in assessing the effectiveness of the prevention of recurrent dangerous actions of persons with mental disorders

O. Makushkina* and N. Sharabidze

Federal State Budgetary Institution "V.P. Serbsky National Medical Research Centre for Psychiatry and Narcology" of the Ministry of Health of the Russian Federation, Department of Forensic Psychiatric Prevention, Moscow, Russian Federation

*Corresponding author.

Introduction: One of the tasks of the psychiatric service is an objective assessment of the outcome of treatment of patients.

Objectives: Determining the possibility of using psychometric methods as additional tools for assessing the effectiveness of the

prevention of recurrent dangerous acts of persons with mental disorders.

Methods: Using the methods of BPRS, SANS, PANSS, GAF, "Structured Risk Assessment of Dangerous Behavior" (SOROP) and the Pharmaceutical Compliance Scale, 55 patients (mean age 36.36 ± 10.23) who performed offense and escorted by courts using coercive medical measures in a psychiatric hospital.

Results: Statistically significant differences were established for the total points of the methods when applying for compulsory treatment and its cancellation. It was determined that on admission the average data was as follows: total BPRS score - 61.47 ± 10.67, SANS - 76.51 ± 10.87, PANSS - 113.87 ± 17.06, GAF - 17.64 ± 3, 9, SOROP - 67.67 ± 25.15, The Pharmaceutical Compliance Scale - 9.35 ± 2.88. With the abolition of compulsory treatment to a decrease in the risk of public danger: the total BPRS score is 27.53 ± 9.07, SANS is 31.40 ± 13.15, PANSS is 59.46 ± 16.11, GAF is 51.33 ± 8.0, and SOROP is (-) 6.78 ± 20.22, The scale of drug compliance is 23.24 ± 3.85.

Conclusions: The ability of these psychometric methods and scales to track the dynamics of changes in factors that make a significant contribution to the formation of dangerous patient behavior is established. Their use will increase objectivity assessing the effectiveness of treatment.

Conflict of interest: No

Keywords: psychometric methods; assessing the effectiveness; recurrent dangerous acts; Prevention

EPV0628

Neuropsychological assessment and forensic evaluation of patients with different dementia types

G. Novotni¹, A. Novotni^{2*}, S. Bajraktarov², M. Milutinovic³ and L. Novotni²

¹University Clinic of Neurology, Neurology, Skopje, North Macedonia;

²University Clinic of Psychiatry, Psychiatry, Skopje, North Macedonia and ³University Clinic of Psychiatry Skopje, Department For Affective Disorders, Skopje, North Macedonia

*Corresponding author.

Introduction: Assessing testamentary capacity in patients within early stages of cognitive decline is fraught with challenges for both clinicians and lawyers. Our ageing society and the increasing prevalence of dementia as illness has increased the need for, and the challenges in, assessing testamentary capacity.

Objectives: Testamentary capacity is a functional assessment made by a clinician to determine if a patient is capable of making a specific decision. Neuropsychological assessment is an essence of this process. Numerous issues need to be considered when assessing capacity for a will. This paper examines these challenges and discusses some practical approaches.

Methods: We discuss different approaches in evaluation and assessment of testamentary capacity in different dementia types and assisted and guided decision making.

Results: The type and severity of the dementia, effects on various domains of cognition, effects of medication, psychological and emotional factors, interactions with careers, family and lawyers, and a range of other issues confound and complicate the assessment of testamentary capacity. There are four decision-making abilities that characterize capacity: Understanding, appreciation, reasoning, and expressing a choice. A baseline neuropsychological/cognitive evaluation with simple test to assess executive function is often

useful in capacity evaluation. All capacity evaluations are situation specific, relating to the particular decision under consideration, and are not global in scope. However, despite its importance and increasing prevalence, the literature addressing this challenging practical area is scarce and offers limited guidance.

Conclusions: Assessment of testamentary capacity in dementia in the ageing society is a necessity that requires knowledge, skills and standardized neuropsychological assessment battery.

Conflict of interest: No

Keywords: dementia; testamentary capacity; neuropsychological assessment

EPV0630

Capgras delusion in a forensic psychiatric setting - case report

V. Sendula Jengic*

Rab Psychiatric Hospital, Department For Forensic Psychiatry, Rab, Croatia

*Corresponding author.

Introduction: Forensic patients often present the toughest cases in psychiatry. Capgras delusion is a relatively rare mental disorder in which a person holds a delusion that another person or even animal (spouse, parent, friend or even pet) has been replaced by an identical impostor.

Objectives: The authors present a relatively rare case of a female patient with Capgras syndrome in a forensic setting.

Methods: After having committed matricide, the patient was declared mentally incompetent and was admitted to forensic psychiatric treatment. All the available psychopharmacological and psychotherapeutic therapies were applied but the patient remained uncritical toward the commitment of the crime, while at the same time some improvement in other domains could be seen and evaluated.

Results: Since the maximum duration of the penalty is about to expire, evaluations and decisions have to be made with regard to the effectiveness of the therapy, prognosis and perspective of functioning.

Conclusions: The authors will analyze the medico-legal possibilities and the current situation in the Republic of Croatia in the light of the new Croatian Mental Health Act (The Law on the Protection of Persons with Mental Disturbances).

Conflict of interest: No

Keywords: Capgras syndrome; forensic psychiatry; matricide; Mental Health Act

EPV0636

Hesitation wounds and sharp force injuries in forensic psychiatry

M.V. Karakasi^{1*}, P. Pavlidis² and A. Vlachaki³

¹AHEPA University General Hospital, 3rd Psychiatry Department, Thessaloniki, Greece; ²Democritus University of Thrace, School of Medicine, Laboratory of Forensic Sciences, Alexandroupolis, Greece and ³G. Papanikolaou General Hospital of Thessaloniki, Adult Psychiatry, Psychiatric Department, Thessaloniki, Greece

*Corresponding author.

Introduction: Suicide represents the 10th leading cause of death and sharp force stands as the fifth leading method of completed

suicide worldwide. Hesitation/tentative injuries are defined as superficial/shallow stabs or cuts. These injuries are frequently adjacent to, in continuation of, or overlying the fatally incised wound. Non-suicidal self-injury (NSSI) and attempted suicide represent distinct behavioral phenomena.

Objectives: The aim of this presentation is to investigate the diagnostic and preventive value of hesitation wounds in terms of psychiatric and medico-legal interest.

Methods: Literature around completed and attempted suicide as well as self-inflicted sharp force injuries was reviewed and evaluated via all electronic databases up to December 2018.

Results: Among fatal suicide cases, the incidence of hesitation marks ranges between 52-77%, and is comparatively similar between genders. Nonlethal suicide attempts are principally committed by females with wrist incisions. Males and older individuals are dominant in the group of completed suicides by sharp force delivered most frequently on their neck or chest/abdomen. Hesitation wounds are most frequent in affective and impulse-control disorders. Among suicide completers: 75% had psychiatric history and prescribed treatment; 50% followed the prescribed psychiatric medication at the time of suicide; 3% received treatment in adequate dosage; 7% received psychotherapy; 83% had contacted a primary care physician within a year and 66% within a month. Among suicide attempters 20% visited a doctor within 24 hours prior.

Conclusions: Suicide prevention is a major medical issue. Identifying the existence of hesitation marks is significant as it is a clinically explorable diagnostic criterion of suicidal ideation by all specialties.

Conflict of interest: No

Keywords: Suicide; hesitation wounds; Self-harm; Forensic Psychiatry

EPV0637

Underlying motives for perpetrators and categories of victims of sexual homicide

M.V. Karakasi^{1*}, P. Pavlidis¹ and A. Vlachaki²

¹Democritus University of Thrace, School of Medicine, Laboratory of Forensic Sciences, Alexandroupolis, Greece and ²G. Papanikolaou General Hospital of Thessaloniki, Adult Psychiatry, Psychiatric Department, Thessaloniki, Greece

*Corresponding author.

Introduction: Sexual homicide involves the homicide of a person and the sexual behavior of the perpetrator. Crimes involving sexual homicide are frequently registered as homicides of "unknown motive," due to non-standardized criteria and underlying dynamics that are difficult to interpret.

Objectives: The aim of this presentation is to examine the characteristics pertaining to sexual homicide victims as well as the underlying motives of the perpetrators.

Methods: 185 articles were reviewed and evaluated from 1886 up to December 2018 via electronic data bases. Numerous limitations regarding research exist.

Results: Sexual homicide victims of male perpetrators were female (80.2%) adults (70%) of reproductive age (mean 28.3). Targeted adult women were acquainted to the perpetrator in some way (56%) but were not sexual partners, and were within 48 hours of alcohol and/or drug consumption. Main motives were paraphilia/resentment towards women/avoidance of incarceration. In contrast, adult men, elderly women and children victimized by male

sexual killers were mostly strangers. Regarding adult men as victims, the assault mainly targeted financial gain(80%), while consensual sexual activity prior to the crime aimed at gaining trust and sexual gratification(20%). In elderly women victimization, sexual homicide often followed another crime with the original intention of financial gain, while sexual assault was secondary. Regarding minors, school-aged females as well as primary and secondary school males were most often targeted with the motivation of sexual gratification and the victims' vulnerability. Female sexual killers were very scarce, tended to victimize male(75%) adults(77.7%), principally former sexual partners(80.7%).

Conclusions: Over the years, better-structured research studies yield increasingly valid and significant statistical results.

Conflict of interest: No

Keywords: Motives; violence; victims; homicide

EPV0638

The evaluation of a weight reduction programme for forensic psychiatric in-patients

D. Remfeldt and P. Sen*

Kings College London, Institute of Psychology, Psychiatry And Neuroscience, Denmark Hill, United Kingdom

*Corresponding author.

Introduction: Psychiatric in-patients have a higher risk of obesity compared to the healthy population which is associated with non-communicable diseases (NCDs) and higher mortality rates. Exercise enhances both physical and psychological health, which again reduce the risk of NCDs.

Objectives: We hypothesised that exercise would improve physical and psychological health as measured by HONOS, resting pulse, BMI and weight.

Methods: A one sample t-test was used to investigate the change in health scores at hospital admission, before entering the fitness programme and after completion for 53 psychiatric in-patients. An independent sample t-test was used to test for the difference in outcome variables between the group who took part in the weight reduction programme and 40 controls.

Results: The exercise group displayed higher means BMI and weight after completion of the programme, but a significant reduction in resting pulse and a trend towards reduced HONOS score.

Conclusions: The results do not rule out the likelihood of physical health improving in physical health following the interventions. Research shows that patients might sustain the same weight, and even show a slight increase in BMI and weight following exercise interventions due to increase in muscle mass. Recommendations for future research would be for future evaluation of fitness interventions to use with other health parameters, such as body fat percentage and waist circumference as these variables show stronger evidence of improvement following exercise interventions. This study thus makes an important contribution to in-patient forensic mental health services when setting up an exercise intervention.

Conflict of interest: No

Keywords: Exercise; Psychological health; inpatient; physical health

EPV0639

Title: sociodemographic, clinical and employment profile of patients who sought fitness to rejoin job: a retrospective study

P. Sr^{1*}, G. Gowda², S. Math² and C. Kumar²

¹MANDYA INSTITUTE OF MEDICAL SCIENCES, Psychiatry, MANDYA, India and ²NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO-SCIENCES, Psychiatry, BANGALORE, India

*Corresponding author.

Introduction: Fitness for Job evaluation and certification in person with Neuro-Psychiatric Disorder is a very important legal and professional responsibility. However, we have a dearth of evidence on fitness for job approach and systemic evaluation.

Objectives: To study the Sociodemographic, Clinical and Employment profile of patients who sought fitness to rejoin job from tertiary Neuro-Psychiatric Centre.

Methods: We performed a retrospective chart review of patient files, who were referred for fitness to rejoin job to the Institute Medical Board, National Institute of Mental Health And Neuro Sciences (NIMHANS), Bengaluru from 1 January 2013 to 31 December 2015. Chi-square test and Fisher exact test was used to analyze the data.

Results: The mean age of patients was 40.1(10.1) years, 85.3% were married and 91.2% were male. The most common reason for referral was work absenteeism (46.1%), illness affecting the work (27.4%) and mixed reasons (28.4%). In total, 37.3% had a neurological disorder, 35.2% had a psychiatric disorder and 23.5% had Neuro-Psychiatric Disorder. After a comprehensive evaluation, board-certified as 28.4% as fit, 34.3% advised job modification and 37.2% as unfit to continue the job.

Conclusions: This study shows that work absenteeism and the impact of illness on the work are the common reasons for the referral for fitness certification during the employment period. One fourth were fit for a job after a comprehensive evaluation. There is a need for a systematic schedule to assess the fitness for the job in a patient with neuropsychiatric disorder as it involves medicolegal and ethical issues.

Conflict of interest: No

Keywords: Fitness for Job; Neuro-psychiatry; Absenteeism; Job Profile

EPV0640

Implementing peer support work into a forensic hospital

P. Walde*, J. Tomlin and B. Völm

Universitätsmedizin Rostock, Klinik Für Forensische Psychiatrie, Rostock, Germany

*Corresponding author.

Introduction: The participation of patients in their own mental health planning and recovery has become state of the art in many countries. Peer support work can be an effective way to support patients throughout their programs. Unlike in general psychiatry there is less experience with peer support work in forensic hospitals.

Forensic settings present unique challenges not experienced in general mental health services e.g. in terms of security.

Objectives: This project aims to develop a forensic-specific implementation program for peer support work in forensic inpatient settings.

Methods: A literature review was conducted of general psychiatric documents on implementation guidelines for peer support work. These were supplemented with literature from the German forensic setting. Interviews and focus groups were then conducted with several groups of people including directors of forensic clinics; a peer support worker already employed in forensic hospitals in Germany; staff at our forensic clinic (psychiatric and psychological therapists, nurses, occupational therapists, members of security and administration staff); and a peer support worker at the clinic. Interviews and focus groups were recorded and transcribed for thematic analysis.

Results: Peer support work is scarce in German forensic hospitals. This research presents an approach to implementing a peer support worker in a forensic hospital and its accompanying evaluation. Aspects of hospital security are addressed.

Conclusions: The project and data collection is still ongoing. Final conclusions will be drawn after the implementation evaluation.

Conflict of interest: No

Keywords: Forensic Mental Health; forensic psychiatry; Peer Support Work

EPV0641

Clinical profile of homicide and homicide attempt offenders with schizophrenia

I. Chaari*, S. Omri, W. Abid, N. Smaoui, R. Feki, M. Maalej Bouali, J. Ben Thabet, N. Charfi, L. Zouari and M. Maalej

Hedi Chaker University Hospital, Psychiatry C Department, Sfax, Tunisia

*Corresponding author.

Introduction: Patients with schizophrenia are eight to ten times more likely to commit homicide than those without psychiatric disorders. The criminogenic risk in schizophrenia involves not only psychopathological disorders, but also individual and social factors.

Objectives: To describe sociodemographic, Clinical and criminological profile of patients with schizophrenia, examined in a forensic psychiatric assessment following a homicide or attempted homicide.

Methods: It was a retrospective study on forensic psychiatric assessments of patients with schizophrenia perpetrators of homicide and attempted homicide carried out in the Department of psychiatry "C" at the Hedi Chaker university hospital of Sfax during the period from 1 January 2002 to 31 December 2018.

Results: We collected 17 forensic psychiatric assessments. The perpetrators were all male, with a mean age of 29.59 ± 7.95 years, single in 82.4%, of urban origin in 58.8%, of a secondary school level in 41.2%, with a history of school failure and repetition in 57.1%, unemployed in 47.1%, low socioeconomic status in 64.7%, personal history of psychotic disorder in 41.2% and all with no personal criminal record. The assault took place in 58.8% cases in the victim's home. The victim was closely related to the perpetrator in 94.1%. The assault was committed in the evening in 58.3% of the cases.

Conclusions: Risk assessment of aggressive behavior in patients with schizophrenia involves the determination of the characteristics of the perpetrators with this mental illness, hence the importance of reviewing their profiles for better overall management.

Conflict of interest: No

Keywords: forensic psychiatric assessment; homicide; homicide attempt; schizophrenia

EPV0642

Characteristics of sex offenders examined in a forensic psychiatric assessment

I. Chaari*, S. Omri, W. Abid, N. Smaoui, R. Feki, N. Charfi, M. Maalej Bouali, J. Ben Thabet, L. Zouari and M. Maalej

Hedi Chaker University Hospital, Psychiatry C Department, Sfax, Tunisia

*Corresponding author.

Introduction: Psychiatrists may encounter sex offenders during a forensic psychiatric assessment for many purposes including criminal responsibility assessment.

Objectives: To study the main characteristics of sex offenders examined in a forensic psychiatric assessment.

Methods: It was a retrospective study on forensic psychiatric assessments of sex offenders carried out in the Department of psychiatry "C" at the Hedi Chaker university hospital of Sfax during the period from January 2002 to December 2018. We studied socio-demographic, Clinical and criminological characteristics of the perpetrators of sexual offenses as well as the conclusions of the experts.

Results: Our study included 57 forensic psychiatric assessments. The male sex was predominant (98.2%). The mean age was 34.7 ± 10.6 years. Sex offenders were mostly unmarried (71.9%), with a primary school level or less (66.7%), and low socioeconomic level (64.9%). They had personal criminal records in 45.6% and no previous psychiatric history in 54.4%. Sexual offenses included rape (38.6%), attempted rape (28.1%) and indecent assault (33.3%). The offense occurred mainly in the victim's home (33.3%) or in public (24.6%). The sex offender was a relative of the victim in 49.1% of the cases. The experts had concluded to a "non-criminal responsibility" in 17.5% of cases. The psychiatric diagnoses in case of "non-criminal responsibility" were mainly schizophrenia (40%) and bipolar disorder (20%).

Conclusions: The sex offender is a person often without psychiatric illness, having a criminal record, who lives precariously and is close to his victim. Knowing these characteristics contributes significantly to the identification of potential offenders.

Conflict of interest: No

Keywords: sex offenders; forensic psychiatric assessment

EPV0643

Marital homicide: epidemiological and clinical issues

A. Guermazi*, S. Omri, I. Chaari, R. Feki, N. Smaoui, M. Maalej Bouali, L. Zouari, N. Charfi, J. Ben Thabet and M. Maalej

Hedi Chaker University Hospital, Psychiatry C Department, Sfax, Tunisia

*Corresponding author.

Introduction: Marital homicide (MH) is a fatal complication of domestic violence. Researchers are trying to develop strategies to prevent it.

Objectives: To describe the sociodemographic and clinical profile of the perpetrators of MH.

Methods: This is a retrospective study which examined the expert files of the subjects charged with marital homicide or attempted marital homicide, which were examined in the context of criminal psychiatric expertise in the psychiatry Department of Hedi Chaker University Hospital in Sfax (Tunisia), between January 2002 and December 2018.

Results: Our study identified 23 cases of MH. The mean age was 38.7 years; the sex ratio was 5.75, the socio-economic level was low (73.9%). The MH perpetrators had an irregular occupation (61.8%), and had a psychiatric follow-up prior to homicide (21.7%). Previous criminal records were noted in 17.4% of cases. Homicide was accompanied by another offense in 8.7% of cases and was preceded by episodes of marital violence in 57.1% of cases. Aggression was premeditated in 69.6% of cases. The aggression took place in the family home in 69.5% of cases. The most common diagnosis were personality disorder (34.7%) and delusional disorder (15.4%). The experts had concluded to a "non-criminal responsibility" in 30.4% of cases.

Conclusions: Our study showed that MH is committed mainly by men with precarious socio-economic conditions and criminal records. Highlighting these characteristics contributes significantly to the identification of MH perpetrators profiles

Conflict of interest: No

Keywords: Marital homicide; sociodemographic and clinical profile; criminal psychiatric expertise

EPV0644

Legal involvement in a case of hoarding disorder

J. Martins Correia*, B. Jesus and S. Caetano

Hospital Sousa Martins - Unidade Local de Saúde da Guarda, Departamento De Psiquiatria E Saúde Mental, Guarda, Portugal

*Corresponding author.

Introduction: Hoarding disorder, officially recognized as a unique diagnostic entity in the DSM-5, is defined as a persistent difficulty discarding items regardless of their value, leading to significant psychological distress. Social and occupational impairment and safety concerns to the patient itself and others are inherent consequences of the condition. This implies a plural intervention in which the reorganization of the patient's accumulation environment should not be ruled out. In this sense, legal issues can be implicated.

Objectives: Reflect, through a clinical case, upon the legal involvement related to the intervention to be established in the context of a hoarding disorder.

Methods: Clinical case description and review of the literature and the available legislation.

Results: A 39-year old male, single and without progeny, with a history of depressive disorder, was admitted for psychiatric evaluation for collecting various objects that were deposited unorganized in his house and due to the deterioration of his overall health. Unhealthy conditions of his home were also reported as well as the associated risk to the neighborhood. It is a patient with limited insight into his symptoms, disorder and his need for treatment and

where the risk to others requires social intervention, supported by the role of administrative and police authorities.

Conclusions: The recognition of unhealthy situations with full threat to public health should be understood as an issue transcending the individual's particular sphere and, as a result, an object of resolution. Situations like this may be a challenge to professionals who are embraced by legal issues that certainly vary between countries.

Conflict of interest: No

Keywords: legislation; legal problems; public health; hoarding disorder

Genetics & molecular neurobiology

EPV0648

The importance of presence or absence of the cag duplication

S. Kocijancic Azzaoui^{1*} and P. Rus Prelog²

¹Splošna bolnišnica Novo mesto, Psihatrija, Novo mesto, Slovenia and ²University Psychiatric Clinic Ljubljana, Psychiatry, Ljubljana, Slovenia

*Corresponding author.

Introduction: Slovenian Mental Health Act enables court-ordered hospital admissions if the patient is endangering his own life as a consequence of mental disease. In our case, the patient was admitted to the University Psychiatric Clinic Ljubljana due to possible mental disorder and suspected Huntington disease that he refused to treat for several years.

Objectives: The patient presented with choreatic movements of the upper extremities and to a smaller extent of the lower. Hand-eye coordination wasn't impaired. The movement disorder was less pronounced during eating, smoking and other purposeful activities. It was absent during sleep. We didn't observe any psychopathology, he expressed annoyance due to having to stay in a closed ward.

Methods: Bloodwork was done to search for the pathologic variation in the HTT gene for Huntington's disease. Molecular genetic analysis showed that the repetition of CAG trinucleotides was below the level of duplications needed for the diagnosis. The mother of the patient eventually admitted giving him risperidone without his consent/awareness in form of a solution into his drinks.

Results: With the new information, we had the patient re-evaluated by a neurologist, that observed dystonia in the upper half of the body, oromandibular dystonia and torticollis. He also noticed stereotypical movements. He diagnosed tardive dystonia and suggested treatment with biperiden. The treatment helped only partially, relieving only the worst of the symptoms. Stereotypical movements persisted.

Conclusions: In conclusion, we were taught, medical history is the most important part of the examination. In this case, the history that the patient did not know about.

Conflict of interest: No

Keywords: tardive dystonia; risperidone; Huntington's disease; court ordered hospitalisation

EPV0651

Epigenome editing of the potential enhancers of the schizophrenia risk genes

D. Abashkin, N. Kondratyev, A. Golov, D. Karpov, S. Smirnova, T. Lezheiko* and V. Golimbet

Mental Health Research Center, Clinical Genetics, Moscow, Russian Federation

*Corresponding author.

Introduction: Hereditary factors contribute significantly to the development of schizophrenia. However, the genetic architecture and mechanisms of schizophrenia development are not well understood. Genome-wide analyses of genetic associations in non-coding regions of the genome point out to enhancers as one of the loci associated with an increased risk of schizophrenia.

Objectives: Development of the CRISPR/SpyCas9 repressor system to elucidate the contribution of enhancers in molecular mechanisms associated with the schizophrenia in the model neuronal cell lines.

Methods: A modified chromosome conformation capture Hi-C technique was used to identify enhancer-promoter contacts in neuronal cell lines. Classical molecular cloning was used to construct plasmid and lentiviral vectors bearing CRISPR-repressors and dual-guide RNAs. Lentiviral particles were prepared using HEK293T cell line and the 3d generation package plasmids. SK-N-SH cell line was transfected or infected, followed by selection on puromycin, genome DNA preparation, and estimation of methylation profiles using methylation-sensitive high resolution melting (MS-HRM) analysis.

Results: We identified many neuron-specific enhancers associated with an increased risk of schizophrenia. We have constructed several plasmids and lentiviruses encoding the most robust repressor protein dSpyCas9-KRAB-MeCP2 to target some of these enhancers as well as promoter regions contacted with them. The activity of the repressor is shown, for example, for enhancer of EPHX2 gene.

Conclusions: CRISPR/SpyCas9 repressor system can be used to investigate enhancer-promoter contacts to find out the molecular mechanisms contributing to the development of schizophrenia. The work was supported by the RFBR grant №19-015-00501.

Conflict of interest: No

Keywords: enhancers; CRISPR/SpyCas9 repressor system; schizophrenia; genome editing,

EPV0652

Exploring the relationship of DNA sequence and methylation within the NDUFA13/ YJEFN3 genes with cognitive deficits in schizophrenia

M. Alfimova, N. Kondratyev, A. Golov, T. Lezheiko* and V. Golimbet

Mental Health Research Center, Clinical Genetics, Moscow, Russian Federation

*Corresponding author.

Introduction: Epigenetic marks may potentially serve as biomarkers of psychiatric disorders that guide the development of targeted therapies.

Objectives: In the search for epigenetic markers of cognitive deficits in schizophrenia, we investigated DNA methylation of a genomic region in 19p13.11 associated with schizophrenia in both the largest genetic and epigenetic genome-wide association studies.

Methods: A DNA fragment within the NDUFA13/ YJEFN3 genes (hg19 chr19:19642955-19643856) was analyzed in blood of 70 schizophrenia patients and 72 controls with single molecule real-time bisulfite sequencing. Methylation at 43 individual CpGs and averaged methylation of functionally different fragments such as the introns, CpG island and exon were analyzed for the associations with the schizophrenia risk haplotype ATG (rs10422819-rs113527843-rs8100927) and a composite cognitive score.

Results: Controlling for demographic variables, coverage and haplotype, we did not find any significant difference in methylation between patients and controls. In the entire sample, the significant and nominally significant ($p < 0.01$) allele-specific methylation (ASM) was found at the CpG-SNP rs10422819 and a nearby CpG (cg08623644), respectively. Moreover, the methylation level at cg08623644 predicted the cognitive score, while the haplotype had no influence on cognition. A further analysis confirmed ASM but not the relationship between methylation at cg08623644 and cognition in the controls. In contrast, in the patient group, methylation at cg08623644 did not demonstrate ASM but negatively correlated with the cognitive score.

Conclusions: The results suggest the methylation level at cg08623644 might reflect a pathological process associated with the development of cognitive deficits in schizophrenia. This work was supported by the Russian Scientific Foundation, grant 16-15-00056.

Conflict of interest: No

Keywords: NDUFA13/ YJEFN3 genes; schizophrenia; cognitive deficit; methylation

EPV0653

A SEARCH FOR GENETIC VARIATIONS ASSOCIATED WITH NEGATIVE SYMPTOMS OF SCHIZOPHRENIA

V. Golimbet¹, T. Lezheiko^{2*}, D. Romanov³, M. Alfimova¹ and G. Korovaitseva¹

¹Mental Health Research Center, Clinical Genetics, Moscow, Russian Federation; ²Mental Health Research Center, I.M. Sechenov First Moscow State Medical University, Clinical Genetics, Moscow, Russian Federation and ³I.M. Sechenov First Moscow State Medical University, Mental health research center, Department of Psychiatry And Psychosomatics, Moscow, Russian Federation

*Corresponding author.

Introduction: Negative symptoms are pervasive presentations of schizophrenia. Existing evidence suggests that their structure includes different psychopathological constructs, which may have different biological background.

Objectives: To search for genetic variants associated with two-dimensional (Avolition/Asociality and Expressive Deficit) structure of negative symptoms.

Methods: A sample consisted of 1700 patients with ICD-10 diagnosis of schizophrenia. Negative symptoms were assessed by PANSS. PANSS-derived negative symptoms factors include Avolition/Asociality (N2, N4, G16) and Expressive Deficit (N1,

N3, N6, G5, G7, G13) (Freischhacker et al 2019). Genotyping was performed for genes related to dopamine, serotonin and glutamate signaling, immune system, kynurenine pathway, oxytocin system, folate metabolism, oxidative pathways, neurotrophic and transcription factors. ANOVA with gene and sex as between-subject factors and illness duration as a covariate was performed. In total, 70 polymorphisms in 40 genes were included in the analysis.

Results: The following genes are associated with the total score of PANSS negative subscale, Avolition/Asociality and Expressive Deficit: IL-4 (rs2243250), IL-10 (rs1800872), CRP (rs2794521), BDNF (rs6265), ZNF804A (rs1344706). The 5-HTR2A gene (rs6313) is associated with negative symptoms only. Two genes involved in kynurenine metabolism, are associated with negative symptoms factors: KMO (rs1053230) with Expressive Deficit and TDO2 (rs2271537) with Avolition/Asociality. There is a trend towards the association of IL-10 (rs16944) and IL-6 (rs1800795) with Avolition/Asociality, which is observed only in male patients.

Conclusions: Genes of the immune system and kynurenine pathway, which links immune system activation with neurotransmitter signaling, may be involved in the pathophysiology of negative symptoms. This work was supported by RFBR grant N 19-07-01119.

Conflict of interest: No

Keywords: negative symptoms; factor structure; genetic factors; schizophrenia,

EPV0655

Attitudes among south african university employees and students towards disclosing secondary genetic findings

G. Spies^{1*}, J. Mokaya², J. Steadman³, N. Schuitmaker⁴, M. Kidd⁵, S. Hemmings³, J. Carr⁶, H. Kuivaniemi⁷ and S. Seedat³

¹Stellenbosch University, Department of Psychiatry, Cape Town, South Africa; ²Hertford College, University of Oxford, Nuffield Department of Medicine, Oxford, United Kingdom; ³Stellenbosch University, Psychiatry, Cape Town, South Africa; ⁴Stellenbosch University, Psychiatry, Cape Town, South Africa; ⁵Stellenbosch University, Centre For Statistical Consultation, Department of Statistics And Actuarial Sciences, Stellenbosch, South Africa; ⁶Stellenbosch University, 5division Of Neurology, Faculty of Medicine and Health Sciences, Cape Town, South Africa and ⁷Stellenbosch University, 3division Of Molecular Biology And Human Genetics, Cape Town, South Africa

*Corresponding author.

Introduction: There is a paucity of empirical investigation into the disclosure of secondary findings (SFs) in genetics research, particularly in Africa. The present study represents an initial step in understanding diverse academic perspectives on the return of genetic results from research conducted in Africa.

Objectives: Using an online survey completed by 674 university students and employees in South Africa, we elicited attitudes towards the return of SFs.

Methods: Latent Class Analysis (LCA) was performed in order to classify sub-groups of participants according to their overall attitudes to returning SFs.

Results: We did not find substantial differences in attitudes towards the return of findings between groups. Overall, respondents were in favour of the return of SFs in genetics research. The majority of survey respondents (80%) indicated that research participants should be given the option of deciding whether to have genetic SFs returned. LCA revealed that the largest group (53%) comprised individuals with liberal attitudes to the return of SFs in genetics research. Those with more negative and conservative attitudes comprised only 4% of the sample.

Conclusions: This study provides important insights that may, together with further empirical evidence, inform the development of research guidelines and policy to assist healthcare professionals and researchers.

Conflict of interest: No

Keywords: Secondary findings; genetics; Return of results; South Africa

EPV0656

Physiological effect of glutathione from oxidative stress induced by cadmium in rats

J. Jovanovic Mirkovic¹, C. Alexopoulos^{1*}, G. Kocic², N. Miljkovic² and Z. Jurinjak¹

¹The Academy of Applied Preschool Teaching and Health Studies, Medicine, Cuprija, Serbia and ²Faculty of Medicine, Biochemistry, Nis, Serbia, ³General Hospital, Medicine, Cuprija, Serbia

*Corresponding author.

Introduction: Phosphorus fertilizers show a relatively high content of cadmium (Cd), and their use contributes to the increased uptake of this metal into the soil. Through the food chain and occupational exposure to cadmium in industry, a certain amount of cadmium is introduced into the human body. DNase I is a specific endonuclease that contributes to the destruction of chromatin during apoptosis.

Objectives: The aim of this study is to investigate the protective power of glutathione (GSH) by measuring DNase I activity during rat intoxication by subcutaneous injection of cadmium(II)chloride solution.

Methods: The experimental part of this study was performed on albino rats of Wistar strain which were stored in the vivarium of the Scientific Research Center for BioMedicine and at the Department of Biochemistry, Faculty of Medicine, University of Nin, Serbia.

Results: The results of this study show that Cd applied alone shows a marked increase in the activity of DNase I, which is responsible for the repair of DNA molecules, relative to the control group of animals. Also, GSH as a potent antioxidant, injected one day after cadmium intoxication, reduces DNase activity in rat brain tissue. The role of GSH as an antioxidant is to neutralize excess free radicals while protecting the cell against the toxic effects of cadmium.

Conclusions: Cadmium stimulates the formation of reactive oxygen species, thus causing oxidative damage at the level of brain tissue. Antioxidants such as GSH have the ability to bind heavy metals to complexes thereby reducing the cytotoxicity of heavy metal ions, ie. Cd.

Conflict of interest: No

Keywords: glutathione; brain; oxidative stress; Cadmium

EPV0657

Monitoring the protective physiological role of α -lipoic acid via malondialdehyde concentrations in the brain of rats

J. Jovanovic Mirkovic¹, C. Alexopoulos^{1*}, G. Kocic² and N. Miljkovic³

¹The Academy of Applied Preschool Teaching and Health Studies, Medicine, Cuprija, Serbia; ²Faculty of Medicine, Biochemistry, Nis, Serbia and ³General Hospital, Medicine, Cuprija, Serbia

*Corresponding author.

Introduction: Copper is represented in the earth's crust in the form of minerals: chalcopyrite, chalcocite, covellite and others, while in nature it predominantly occurs in the form of oxide, carbonate and sulfide ores. Copper compounds are used as bactericides, insecticides, algicides and fungicides. Copper is considered to be an essential metal because it is a component of many enzymes that participate in oxidation processes in the human body.

Objectives: The aim of this study is to monitor lipid peroxidation by measuring the value of malondialdehyde (MDA), a secondary product of lipid peroxidation, as well as to examine the protective role of α -lipoic acid in copper intoxication conditions.

Methods: The intensity of lipid peroxidation in the brain tissue of albino rats of the Wistar strain was determined by a spectrophotometric method based on the reaction of MDA with thiobarbituric acid (TBA) due to which it becomes chromogenic (MDA-TBA2).

Results: The results of this study show that after copper poisoning, the level of TBARS, an indicator of lipid peroxidation, is significantly increased. In the experimental group in which α -lipoic acid was used as a supplement with copper, the TBARS concentration was significantly reduced compared to the copper-only group.

Conclusions: Copper increases the level of lipid peroxidation. Based on the results of this study, it can be concluded that the level of lipid peroxides is significantly reduced under the conditions of addition of α -lipoic acid supplement the day after rat intoxication with copper.

Conflict of interest: No

Keywords: Copper; α -lipoic acid; brain; malondialdehyde

EPV0660

Linking cell cycle to mitochondria in schizophrenia: a case-control study using olfactory neuroepithelium-derived neural progenitor cells

C. Idotta^{1*}, E. Tibaldi², M. Pagano², N. Favaretto¹, D. Cazzador¹, R. Peruzzo³, M. Solmi¹, A. Martini¹, L. Leanza³, A. Favaro¹, A. M. Brunati² and T. Toffanin⁴

¹Padova Neuroscience Center, University of Padova, Department of Neurosciences, Padova, Italy; ²University of Padova, Molecular Medicine, Padova, Italy; ³University of Padova, Department of Biology, Padova, Italy and ⁴Azienda Ospedaliera di Padova, Psychiatry Clinic, Padova, Italy

*Corresponding author.

Introduction: Mounting evidence shows that Olfactory Neuroepithelium-derived neural progenitor cells (hereafter ONE cells) are emerging as a valid tool and a viable proxy for translational studies on severe mental illnesses (SMI). ONE cells have been

used as a surrogate model of schizophrenia, highlighting aberrant activation of cell signaling, and perturbed cell cycle dynamics in this disease.

Objectives: We set out to explore whether an altered proliferation pattern of ONE cells of patients with schizophrenia is linked to mitochondrial dysfunction and perturbed Wnt (Wingless) signaling.

Methods: ONE cells were collected from 20 patients and 20 healthy controls by nasal brushing. Freshly isolated or thawed ONE cells underwent BrdU (bromodeoxyuridine) proliferation assays. Mitochondrial ATP production was measured using ATPlite Luminescence Assay in both fresh and thawed ONE cells. The Wnt pathway has been explored by performing the TCF/LEF (Transcription Factor/Lymphoid Enhancer-binding Factor) reporter assay.

Results: We found significant differences in the proliferation of ONE cells of patients with schizophrenia and healthy controls ($U=0$; $p<0.001$), with a pattern varying between fresh and thawed ONE cells (at passage 6, $p=0.002$). Mitochondrial ATP production is significantly lower in schizophrenia ($U=0$; $p=0.02$) and freezing procedures do not seem to affect the results ($U=6$; $p=0.77$). Wnt signaling was functionally downregulated ($p<0.05$).

Conclusions: Using ONE cells as a in-vitro model of schizophrenia, we identified perturbations of the Wnt pathway that could provide a promising mechanistic link bridging cell cycle dynamics and mitochondrial alterations in schizophrenia and SMI, two prominent features already known to occur in schizophrenia cell models.

Conflict of interest: No

Keywords: schizophrenia; translational psychiatry; mitochondria; Wnt/Beta-catenin

EPV0661

Cnv in silver nanoparticles-primed hyperactive rats

M. Ishido

National Institute for Environmental Studies, Center for Environmental Risk/health Res, Tsukuba, Japan

Introduction: For long time, we had believed that the fetus would be guaranteed by placenta against foreign materials until thalidomide and diethylstilbestrol (DES) had been found to exert harmful effects on fetus. After then, reproductive and developmental testing for chemicals is legally carried out with obligation. However, recent research shows evidence that some chemical effects were inherited through the next generation: even that is a single exposure.

Objectives: There are many CNVs (copy number variants) reported, in particular, 16p11.2 has much attention, because it was reported in many psychological disorders, not only autism but also ADHD, schizophrenia, and bipolar disorders. Therefore, we examined CNV in our hyperactive rats.

Methods: For mating experiment, we exposed pregnant rat (E7 day) to silver nanoparticle (4mg/kg), after which we never exposed it, again. Then, we got hyperactive rats at next generation by outcross. We developed two lines of the model. Spontaneous motor activity was measured at 4-5 weeks of age, using the Supermex system (Muromachi Kikai, Tokyo, Japan), as described previously (Ishido et al. 2002). CNV was identified with Agilent CGH microarray.

Results: We examined CNV in our hyperactive rats. There were many CNVs found, including chromosomes 1 to 20, except chromosomes 5, 7 12 19. Both amplification and/or deletion occur. Intense fluoresce signals were found in chromosomes 1,2 3,6, and 20.

Conclusions: Both amplification and/or deletion occur. Intense fluoresce signals were found in chromosomes 1,2 3,6, and 20. We are now examining if these CNVs is pathogenic or not.

Conflict of interest: No

Keywords: hyperactivity; silver nanoparticles; copy number variants

Guidelines - guidance

EPV0663

Thromboembolic events in patients with mental disorders. An overlooked and potentially life-threatening treatment related complication.

P. Bouras¹, P. Argitis^{2*}, T. Koukouras², S. Karavia², D. Garnelis², E. Soueref¹ and Z. Chaviaras²

¹General Hospital of Corfu, Intrnal Merdicine, Corfu, Greece and

²General Hospital of Corfu, Psychiatric, Corfu, Greece

*Corresponding author.

Introduction: Treatment with atypical antipsychotics has dramatically changed the clinical course of patients with mental disorders. However, this evolution did not eradicate treatment related complications, such as thromboembolic events (TEs), making the need for more strict monitoring and prophylaxis more crucial, especially for refractory cases.^{5,6,7}

Objectives: To determin if Anticoagulation and/or Prophylaxis Using aspirine or Low Molecular Weight Heparin (LMWH) in Adult psychiatric patients is a necessity.

Methods: It seems that there is an increased incidence of TEs, up to 3.5-fold, with the use of clozapine and first-generation typical antipsychotics,³ most commonly at the first 3 months of initiating treatment.⁸ Reports for TEs have also been made with treatment with the newer atypical ones,^{1,2,4} possibly through increased affinity for 5-HT_{2A} receptors at the molecular level.¹

Results: Male gender, advanced age, obesity, smoking, varicose veins, recent surgery, concomitant contraceptive use, sedation induced venous stasis, pregnancy, heart failure, nephrotic syndrome, malignancy, polycythemia, thrombophilia, thrombocytosis, autoimmunity, antiphospholipid Abs, especially anticardiolipin Abs, hypoprolactinemia, hypohomocystenemia are all well-known contributing risk factors for venous thrombosis and TEs.^{9,6}

Conclusions: Prophylaxis with low dose aspirin or low molecular weight heparins (LMWH) is strongly recommended, especially for medium to high risk patients, according to QThrombosis Risk Prediction Tool.⁷ Perhaps the use of more specific clotting studies, such as clotting time or the newest advance of thromboelastography may bring more evidence at the selection of patients eligible for long term thromboprophylaxis.

Conflict of interest: No

Keywords: thromboembolic; antipsychotic

Intellectual disability

EPV0667

Unusual suicide attempt in intellectual deficiency: a case report

W. Kabtni^{1*}, A. Baatout², C. Ben Cheikh², A. Rebai³, H. Elkefi² and A. Oumaya⁴

¹military hospital of Tunis, Psychiatry Department, Tunis, Tunisia;

²Military hospital of Tunis, Psychiatry Department, Tunis, Tunisia;

³Razi University Hospital, Adult Outpatient Psychiatry Department, Mannouba, Tunisia and ⁴military hospital of tunis, Psychiatric Unit, tunis, Tunisia

*Corresponding author.

Introduction: Persons with intellectual deficiency, often diagnosed with co-morbid psychiatric disorders, are a vulnerable population who may be at risk for developing suicidal thoughts and behaviors. While, suicidal behavior remains an underreported phenomenon in this population.

Objectives: This case report aims to describe a case of an unusual suicide attempt in a girl with intellectual deficiency and to determine the prevalence and characteristics of suicide in persons with intellectual deficiency.

Methods: A patient case is presented with associated literature review.

Results: Ms H.R aged 21, single, with moderate intellectual deficiency, without medical history, was hospitalized three times in the visceral surgery department for the management of peritonitis by intestinal perforation. Perforation was secondary to the ingestion of nails for suicidal purposes. Miss H.R never consulted a psychiatrist. The interview, after the third attempt, revealed a depressive syndrome of major intensity, the main reason for each suicide attempt was a feeling of rejection and the difficulty of integrating into society. The choice of her suicide attempts tool was explained, according to her; "it is simply a cutting tool". H.R is currently on antidepressant treatment with psychotherapy and sensitization of her entourage, without recurrence of the act until today.

Conclusions: Persons with intellectual deficiency were capable of formulating and engaging in potentially fatal acts. Results of this study suggest that suicidal behavior is an underrecognized, yet significant phenomenon in this poulation. Thus, a suicide risk screening instrument specifically designed to evaluate persons with intellectual deficiency would greatly aid clinicians in a variety of settings.

Conflict of interest: No

Keywords: Suicide; intellectual deficiency; Dépression; metals ingestion

EPV0668

Prevalence and patterns of psychotropic medication treatment in adults with intellectual disabilities in germany

M. Schützwohl*, A. Koch and J. Dobrindt

TU Dresden, Psychiatry And Psychotherapy, Dresden, Germany

*Corresponding author.

Introduction: Like the general population, people with intellectual disabilities (ID) suffer from mental disorders and furthermore show challenging behaviour. Treatment is often limited to psychotropic medication (PM). Estimates on the prevalence of PM prescription in adults with ID vary tremendously dependent on the methods used. Altogether, this topic is still understudied in Germany.

Objectives: To assess the prevalence of regular PM and psychotropic PRN medication in adults with mild to profound ID.

Methods: Key carers of N = 197 randomly chosen adults with mild to profound ID were asked about the current PM prescription.

Results: In total, 64.0% (n=126) had a prescription of at least one psychotropic drug according to ATC (Anatomical Therapeutic Chemical Classification). Most prevalent was the prescription of antipsychotics (43.7%). Prevalence rates differed e.g. across severity of ID.

Conclusions: A comparison of prevalence rates of PM between different studies is difficult. However, prevalence of PM in adults with ID in Saxony, Germany, can be considered as rather high.

Conflict of interest: No

EPV0669

Features of the integrated support of children with neurotrauma at a remote stage of rehabilitation

M. Bratkova^{1,2*} and Y. Sidneva³

¹Moscow City University, Department of Clinical Psychology And The Basics Of Defectology, Moscow, Russian Federation; ²Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPT), Moscow, Russia, Rehabilitation Department, Moscow, Russian Federation and ³N.N.Burdenko National Medical Research Center of Neurosurgery; Clinical and Research Institute of Emergency Pediatric Surgery and Trauma, Neurosurgery; Rehabilitation, Moscow, Russian Federation

*Corresponding author.

Introduction: In the rehabilitation of children after severe neurotrauma, much attention is paid to the process of integration into the environment of peers, the restoration of learning opportunities.

Objectives: Objective: Study of the psychophysical characteristics of children with neurotrauma in the long-term rehabilitation period.

Methods: Materials and methods 180 children participated (2015 – 2018). Methods: medical and pedagogical, observation, examination, assessment.

Results: Variants of the child's psychophysical development after severe neurotrauma are identified: Option A (40%): marked lag in all areas. In communication, individual sounds, words, gestures. Difficulty understanding speech. Motor impairment (no walking skill). Violated the capture of the subject, perform simple manipulation; self-service skills are partially restored. Option B (60%): moderate non-uniform lag in the cognitive-motor sphere. Children are able to independently move around, perform the necessary cultural and hygienic skills, communicate using speech, however, they experience significant learning difficulties: they have a slow pace, instability of attention, and low working capacity.

Conclusions: Conclusion: All children of these groups need to be accompanied by medical and psychological-pedagogical specialists.

Taking into account the psychophysical characteristics of children allows you to plan an educational and rehabilitation route based on adapted and special training and treatment programs. determination of the psychophysical developmental options of children allows differentially providing drug and rehabilitation support, successfully integrating them into the peer group.

Conflict of interest: No

Keywords: Integration; rehabilitation of children; educational route; neurotrauma

Mental health care

EPV0673

Examining burnout, depression, and attitudes regarding drug use among lebanese medical students during the 4 years of medical school

F. Talih¹, M. Daher¹ and J. Ajaltouni^{2*}

¹American University of Beirut Medical Center, Psychiatry, Beirut, Lebanon and ²Lebanese American University Medical Center, Psychiatry, Beirut, Lebanon

*Corresponding author.

Introduction: Medical students are exposed to academic, personal, and financial stressors that can lead to burnout. Physicians have a higher rate of suicide than the general population. The Middle East suffers from chronic psychosocial stress and social instability.

Objectives: This study aims to evaluate the prevalence of burnout, depressive symptoms, and anxiety symptoms and attitudes toward substance use in medical students as well as their evolution during the 4 years of medical school.

Methods: An anonymous survey including general sociodemographic questions and standardized validated tools to measure depressive symptomatology (PHQ-9), burnout (BM), anxiety (GAD-7), alcohol use (AUDIT), and substance abuse (DAST-10) as well as questions pertaining to substance use was administered to all medical students at our institution.

Results: Overall, 23.8% of medical students reported depressive symptomatology, with 14.5% having suicidal ideations. Forty-three percent were found to have burnout. These were more likely to be males, to be living away from their parents, and to have experienced a stressful life event during the last year. There was a significant difference in alcohol use, illicit substance use, and marijuana use during the four medical school years.

Conclusions: The results of this study show high rates of depression, burnout, and suicidal ideation among medical students from the Middle East region. Increased rates of substance use were detected as well as a more tolerant attitude toward substance use in general, specifically cannabis. It is crucial that medical educators and policymakers keep tackling the complex multifactorial mental health issues affecting medical students and design effective solutions and support systems.

Conflict of interest: No

Keywords: Burnout; Healthcare; Dépression

EPV0675

Differences in compulsory admissions in southern Denmark

S. BruunBech* and J.P. Hansen

Region of Southern Denmark, Mental Health Services Esbjerg, Esbjerg N, Denmark

*Corresponding author.

Introduction: Preventing compulsory admissions to psychiatric wards is a priority as the protection of the autonomy of patients is an important value as stated by WHO. In Denmark, this is also emphasized broadly and much work carried out by the Danish health system relates to reducing the frequency of compulsory admissions to psychiatric wards.

Objectives: How are incidences of compulsory admissions over time in different areas of a region and what influence those differences.

Methods: An investigation of how well this is going in the region of Southern Denmark recent years by looking at incidences of compulsory admissions to specific psychiatric wards who all receive patients from their specific area of the region respectively.

Results: Significant differences are found in the recent development of the incidence of compulsory admissions to psychiatric wards across areas of the region. While lower incidence rates are the fact in most areas, the development in one specific area was found to be doing significantly worse than the majority.

Conclusions: Our results suggest that there could be important differences across areas of Denmark as to how efficiently the health systems work with the topic of preventing compulsory hospital admissions of this vulnerable patient group. This has inspired us to study potential reasons to these suggested issues with the hope that some intervention(s) might be able improve the pattern. The preliminary results will be presented and topics for discussion and further research will be outlined.

Conflict of interest: No

Keywords: coercion psychiatry outpatient; coercion; Psychiatry; outpatient

EPV0676

Perceived burden, depression and anxiety among partners of people living with scleroderma: an analysis of the moderation effects of social support and illness severity.

S. Juneau, E. Rizkallah, H. Leduc and G. El-Baalbaki*

Université du Québec À Montreal, Psychology, Montreal, Canada

*Corresponding author.

Introduction: Scleroderma is a rare autoimmune connective tissue disease. It has a substantial negative impact on quality of life and causes numerous painful and limitative symptoms. Like other chronic diseases, partners often become caregivers. Many studies on other chronic illnesses demonstrated that caregivers show signs of depression and anxiety. However, this observation is yet to be better explored with systemic sclerosis.

Objectives: Verify if social support and illness severity impact the relation between caregivers' perceived burden and their depression and anxiety symptoms.

Methods: 51 couples from the Quebec province in Canada were recruited (102 participants). All participants were a) 18 years or

older, b) in a relationship and cohabiting for over a year, c) one of the two partners had received the diagnosis of systemic sclerosis and d) was followed regularly by a rheumatologist. Patients and their partner filled a set of standardized questionnaires frequently used in scleroderma research (details in the poster). Moderator analyses were completed to explore the moderating effect of social support and illness severity on the relation between the caregivers' perceived burden and their depression and anxiety symptoms

Results: Illness severity (physical and mental) plays a moderating role on the relation between the caregivers' perceived burden and their depression and anxiety symptoms, $p < .01$ (detailed results in the poster). Social support played a moderating role on the relation between the caregiver's perceived burden and their anxiety symptoms, ($\Delta R^2 = .12$, $F(1,37) = 5.25$, $p = .028$).

Conclusions: Caregivers' psychological health must be assessed to offer appropriate social and psychological support

Conflict of interest: No

Keywords: Scleroderma; mental health; caregiver's burden; Social support

EPV0680

Unmasking dissociative symptoms

A. Jambrošić Sakoman^{1*}, I. Zegura¹ and I. Todorčić Laidlaw²

¹University Psychiatric Hospital Vrapče, Department of Psychotic Disorders, Zagreb, Croatia and ²University Hospital Vrapče, Outpatient Clinic, Zagreb, Croatia

*Corresponding author.

Introduction: Dissociation as a psychological defence against traumatic experiences, acute or longer term stressful events, entails fragmentation of conscious experience. Dissociation can affect self-concept, identity, memory, or perception of the external world. Lack of capacity to integrate traumatic or adverse experiences can result with maladaptive functioning. Contemporary medical understanding of dissociation concept has shifted from Janet, although the research of its neurobiological underpinning is still elusive. There is emerging evidence linking trauma and dissociation to different psychiatric disorders other than trauma related disorders and dissociative disorders as such.

Objectives: The goal of presented case studies is to recognize the importance of trauma history and dissociative symptoms in the process of differential diagnosis of mental health issues, and in choosing the appropriate treatment for them.

Methods: Three case studies of psychotherapeutic treatment that addressed dissociative symptoms in psychosis, depressive disorder and gender dysphoria will be presented. Multidisciplinary team of mental health professionals were included in diagnostic procedures and in treatment.

Results: Recognizing and treating dissociative symptoms in gender dysphoria, psychosis and depressive disorder, results in better clinical outcomes, improved quality of life and better functioning.

Conclusions: Trauma entails psychological, biological and social component. Traumatic experiences can result in adaptive insufficiencies or chronic mental issues. Probing for childhood or adult trauma history and consequent dissociative symptoms should be included in differential diagnostic procedures with people suffering from mental health issues regardless of the severity of their symptoms or diagnostic categories.

Conflict of interest: No

EPV0681

Blades and scabies “desperate times call for desperate measures”

E. Maricalva*

Hospital Universitario Río Hortega, Psychiatry, Valladolid, Spain
*Corresponding author.

Introduction: There has been a turnaround in the mental health's paradigm, shifting from a treatment focused on reducing symptoms to a more integrative approach which takes into account other quality of life domains. More concretely, suicidal attempts are generally associated mental disorders, however they can also be associated with life and family events.

Objectives: Our aim is to describe how the different quality of life domains affect people's mental health besides mental diseases based on a case of suicide attempt.

Methods: A literature and electronic review on the topic has been done based on a case report of a 50-year old woman with multiple substance use disorder, antisocial personality disorder and AIDS, who was admitted to the hospital for scabies treatment. After a week of improvement she started having suicidal thoughts up to the point of ingesting two blades.

Results: A multidisciplinary intervention was carried out to remove the blades and she was transferred to the psychiatry unit for some weeks. The interview showed how the suicide attempt was highly related to the worsening and desperate conditions of the different quality life domains that had been worsening one by one lately. According to the review the most commonly associated domains are employment, health, leisure, living situation and relationships.

Conclusions: Mental health is thus understood as a complex balance between different components coming from the inside (intra- and interpersonal) as well as from the outside of the person, being both sides highly important. This is why an integrative management of each psychiatric patient is essential.

Conflict of interest: No

Keywords: mental health paradigm; integrative approach; quality of life

EPV0684

Indicators of the incidence of mental disorders and disability of the child population of the republic of belarus (2017)I. Piatnitskaya^{1*} and O. Litvinova²¹Belarusian State Medical University, Psychiatry, Minsk, Belarus and²City Clinical Children's Psychiatric Clinic of Minsk, Psychiatry, Minsk, Belarus

*Corresponding author.

Introduction: To present the indicators of the incidence of mental disorders and disability of the child population of the Republic of Belarus.

Objectives: Studying the structure of mental disorders and disability of the child population

Methods: Data of statistical reports of work of the specialists of child and adolescent mental health services of the Ministry of Health of the Republic of Belarus.

Results: Behavioral and emotional disorders of childhood are in the first place in the structure of indicators of morbidity – 50,515

people (70% of the total number of all children observed by service specialists). In second place - mental retardation – 12,902 children (17.7%), then - neurotic and stress-related mental disorders – 4,596 cases (6.3%). All psychotic disorders (schizophrenia, schizotypal and schizo-functional disorders, acute psychoses, organic and unspecified psychoses) including autism spectrum disorders (ASD) account for about 5%. In recent years, there has been a slight increase in ASD. In 2017, the number of children with autism was 1,343. For the first time, 657 children were recognized as disabled due to mental illness in 2017 (3.53 cases per 10 thousand children). The total disability rate at the end of the year was 27.7 cases per 10 thousand children (5321 people). Disability structure: mental retardation - 55% of all first recognized as disabled people, autism - 31.8%, schizophrenia - 1.2%, disorders of other ICD-10 headings - 12%.

Conclusions: The structure and staffing of children's psychiatric services of the Republic of Belarus allow to provide sufficiently effective care in assisting the child population.

Conflict of interest: No

Keywords: child population; mental disorders; disability

EPV0685

Development of first episode psychosis outpatient services at the department of psychiatry and psychotherapy, semmelweis university, budapest

V. Simon*, L. Hermán, G. Csukly, R. Zsigmond, E. Vass and J. Réthelyi

Semmelweis University, Psychiatry And Psychotherapy, Budapest, Hungary

*Corresponding author.

Introduction: Although there is growing body of scientific evidence and international best practice guidelines of early intervention systems for psychosis, there is scarcity of such systematic early intervention services in Hungary.

Objectives: Based on international examples, the First Episode Psychosis Outpatient services in the Department have multiple objectives. First, recovery from the psychotic episode, second, relapse prevention, third, to promote rehabilitation, and fourth, to provide systematic and supervised training in early intervention care of psychotic patients to our trainee psychiatrists.

Methods: A specialist team is dedicated to run the service in the Department, in cooperation with other local community services. To achieve our goals, we designed a protocol consisting of systematic evaluation and assessment, and a systematic but individualized treatment plan. Treatment modalities include pharmacotherapy, psychoeducation and various psychosocial intervention modules targeting recovery, relapse prevention or rehabilitation, as well as supporting family members. Patients hospitalized in the Department due to their first psychotic episode are approached by the team and an assigned specialist initiates the inclusion of the patient in the service. Exclusion criteria are >2 year from the first episode of psychosis, drug induced psychosis (intoxication), <18 years of age. Patients are followed for 2 years (extendible for +1year) after inclusion.

Results: The poster presents the detailed protocol of the service, and initial experiences of the first 6 months.

Conclusions: Hungary made a step forward in the early intervention care of psychotic patients by initiating the first complex and

dedicated First Episode Psychosis Outpatient services at the Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest.

Conflict of interest: No

Keywords: early intervention; first psychosis; new service; Hungary

EPV0688

Mental health in residents. A descriptive analysis of the mental health care needs of training personnel.

D. Carracedo Sanchidrián^{1*}, D. Hernández-Calle² and A. Cano Arenas³

¹Hospital Universitario la Paz, Mental Health, Madrid, Spain;

²Hospital Universitario La Paz, Psychiatry, Madrid, Spain and

³Universidad Pontificia Comillas, Psychosocial Intervention (unit Uninpsi), Madrid, Spain

*Corresponding author.

Introduction: Residents are exposed to large doses of stress, tension, pressure and, sometimes, overload. Such situation may cause them to need mental health care. These needs are analyzed by comparing variables such as gender and specialty.

Objectives: Analyze the proportion of residents who need mental health care. Analyze if the gender or specialty variables are related to seeing a mental health professional.

Methods: A survey of 777 residents of medicine, psychology and nursing of the national health system of Spain was conducted. In it, in addition to sociodemographic variables, it was asked if during their training period they needed to go to a mental health professional. Chi-squared test and logistic regression was used for statistical analysis.

Results: Of the 777 residents that answered the survey, 134 (17,25%) have need at least once to with a mental health professional. No differences were found between medical specialties ($p > 0,05$ in all cases), type of profession (medicine, psychology, nursing) ($\chi^2 = 1,41$; $p = 0,49$), or whether they were mental health professionals or not ($\chi^2 = 1,98$, $P = 0,15$). There were significant differences between gender, women go more to a mental health professional than men ($\chi^2 = 4,51$; $p = 0,034$).

Conclusions: Almost one in five residents go to a mental health professional or have needed to consult at least once. This need does not seem to be related to the specialty or the type of profession. There are differences by gender, but the limitations of this research prevent us from ruling out if it is only a reflection of the proportion of the general population.

Conflict of interest: No

Keywords: mental health; Residents; Public Health Care

EPV0690

Sociodemographical and clinical characteristics of the paime program

G. Esparrago Llorca^{1*}, F. Corbacho Simón², L. Carrión Expósito³, F.J. Jerez Barroso⁴, C. Rejas Marcos⁵, E. Robles Agüero⁶, Á. L. Blanco González⁷ and E. Daniel Vega²

¹Servicio Extremeño de Salud, Equipo De Salud Mental, Cáceres, Spain;

²Servicio Extremeño de Salud, Hospital Universitario De Cáceres,

Cáceres, Spain; ³Servicio Andaluz de Salud, Ugc-salud Mental Hospital Infanta Margarita, Córdoba, Spain; ⁴Servicio Extremeño de Salud,

Hospital San Pedro De Alcántara, Cáceres, Spain; ⁵Centro Vía de la Plata, Salud Mental, Cáceres, Spain; ⁶Servicio Extremeño de Salud, Centro De Salud Nuevo Cáceres, Cáceres, Spain and ⁷Servicio Extremeño de Salud, Hospital Virgen Del Puerto, Plasencia, Spain
*Corresponding author.

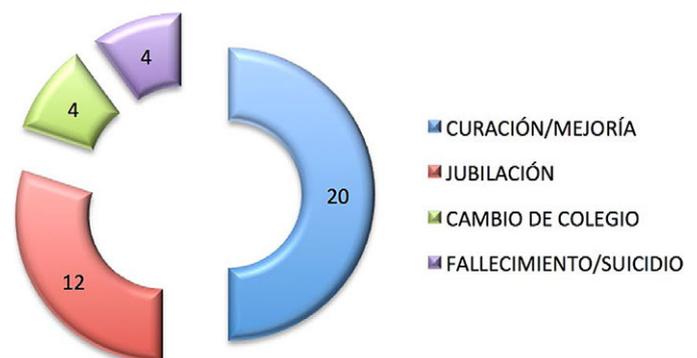
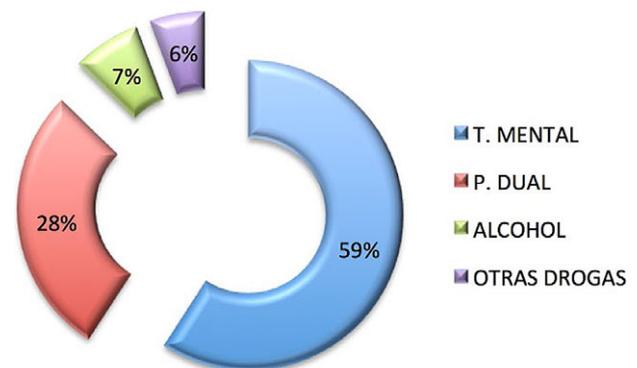
Introduction: PAIME is the Program of Comprehensive Care for the Sick Physician, created by the Official College of Physicians of Cáceres, which aims to assist physicians who suffer from psychic problems and / or addictive behaviours.

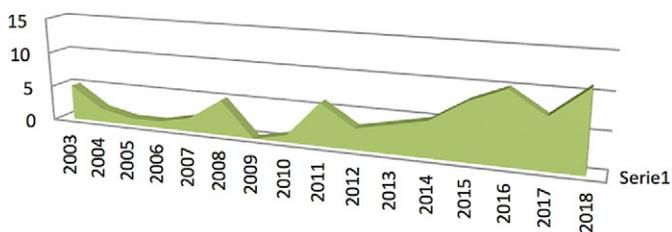
Objectives: To describe sociodemographic and clinical characteristics of doctors who have accessed the PAIME.

Methods: This is an observational, descriptive and cross-sectional study, which uses a sample defined by all doctors who have used the PAIME Program in the last 15 years.

Results: - A total of 71 doctors have been treated, with no significant differences in the distribution by sex. - The majority are young or middle-aged, noticing the presence of very young doctors (residents) in recent years. - All accesses have been voluntary. - The most frequent causes of access have been psychiatric (59%), followed by Dual Pathology (28%) and addiction to alcohol (7%) and other drugs (6%) (figure 1). - The majority are attached (75%) and 54% worked in the hospital and 42% in Primary Care. - Only 27% have required hospitalization y 57% required work leave. - 40 doctors (56%) have left the program, mainly due to healing or improvement (figure 2) - In the last 5 years an upward slope of doctors accessing PAIME has been observed (figure 3).

Conclusions: PAIME is an effective program in the rehabilitation of doctors, which are gradually increasing in recent years, especially the resident doctors, which suggests that the period of residence is especially delicate and should be studied deeper.





	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Serie1	5	2	1	1	2	5	0	1	6	3	4	5	8	10	7	11

Conflict of interest: No

Keywords: health care; doctors; program

EPV0691

Patient and caregivers satisfaction associated with monthly or quarterly paliperidone palmitate treatment

G. Esparrago Llorca^{1*}, G. Andrés Pereira², P. Juncosa Montes², M. D. Bordes Giménez², F. Díaz Fernández², M.P. Ríos Muñoz¹, M. Á. Carreiras Gómez¹, M.I. Rubio Merino¹ and M.J. Gómez Del Castillo¹

¹Servicio Extremeño de Salud, Equipo De Salud Mental, Cáceres, Spain and ²Servicio Extremeño de Salud, Hospital San Pedro De Alcántara, Cáceres, Spain

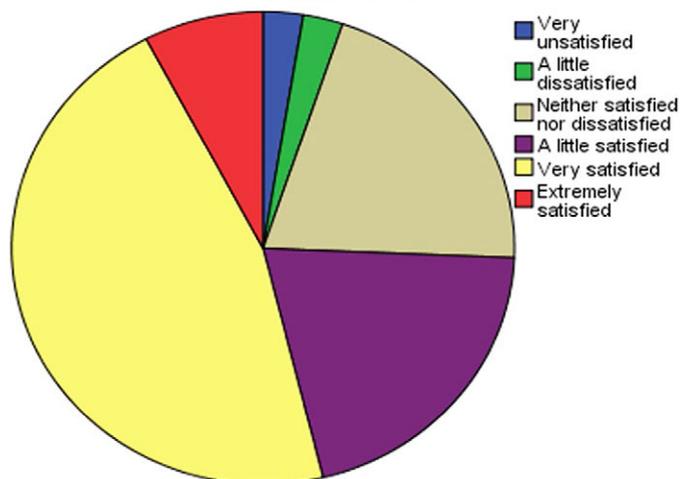
*Corresponding author.

Introduction: It is known that some patients do not feel satisfied with their treatment and that caregivers often feel overloaded.

Objectives: To describe the satisfaction of patients and their main caregivers in cases treated with monthly (PP1M) or quarterly (PP3M) paliperidone palmitate.

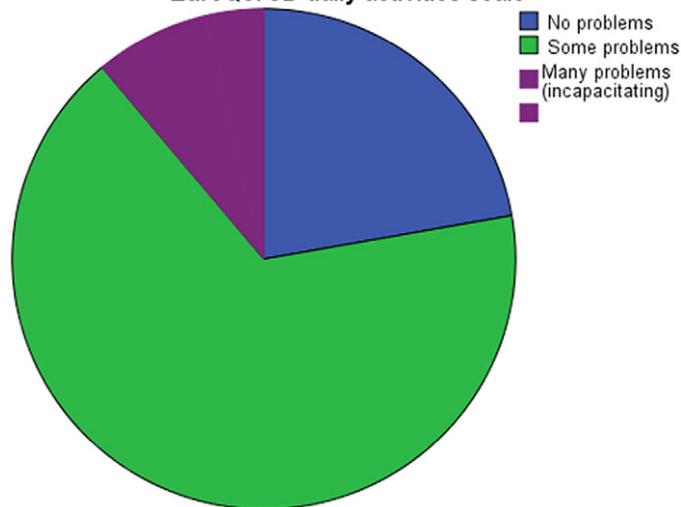
Methods: This is an observational, descriptive and cross-sectional study, which uses a sample defined by all patients who visited the Mental Health Team during April 2018 and who were receiving monthly or quarterly treatment with paliperidone palmitate. A descriptive analysis of the variables considered was performed.

MSQ scale of satisfaction with antipsychotic medication

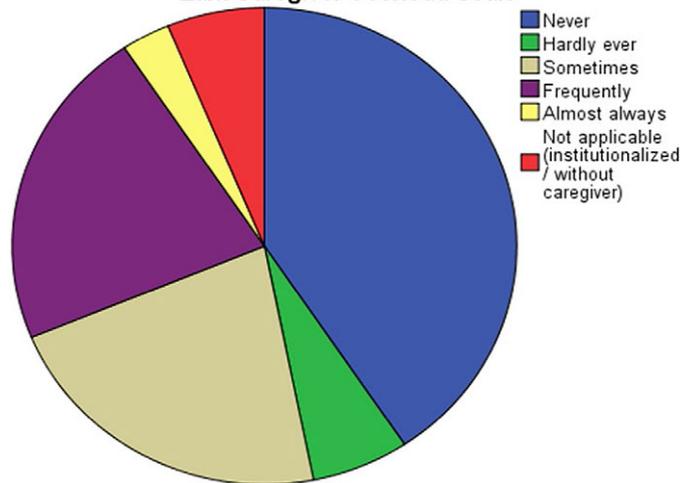


Results: Nearly half of the patients (45%) rate on the MSQ scale as "very satisfied" with their current antipsychotic medication (figure 1). The EuroQoL-5D Health Questionnaire shows that the majority of patients (60%) rate their current health status in the range of 61-80% (figure 2). In addition, many patients have no problems walking (60%) or with their own personal care (42.5%) and do not feel pain / discomfort (55%) or anxiety / depression (50%); However, most have some problems to carry out daily activities (45%). 37.5% perceive their health to be "equal" to the previous year and 25% better. Only 5% feel "worse". In the Zarit Caregiver Burden Scale the predominant response of all caregivers was "never" (32.5%; figure 3).

EuroQoL-5D daily activities scale



Zarit Caregiver Overload Scale



Conclusions: Most patients on treatment with PP1M or PP3M are involved in making decisions about their treatment, they feel "very satisfied" with their treatment and they perceive their health status as quite good. The main caregivers of patients treated with PP1M or PP3M experience little burden.

Conflict of interest: No

Keywords: caregivers; health care; treatment; satisfaction

EPV0692

Unhealthy behavior in junior medical students: is there a reason for concern?

S. Petunova^{1*}, A. Zakharova¹, G. Dulina¹, Y. Petunova² and E. Nikolaev³

¹Ulianov Chuvash State University, Social And Clinical Psychology Department, Cheboksary, Russian Federation; ²I.M. Sechenov First Moscow State Medical University, Faculty of Medicine, Moscow, Russian Federation and ³Ulianov Chuvash State University, Faculty of Medicine, Cheboksary, Russian Federation

*Corresponding author.

Introduction: Conventional wisdom has it that medical students, who are supposed to work in health care services in their future, should be more responsible for their health and lead a healthy lifestyle. What signs of unhealthy behavior do they show in reality?

Objectives: Our objective was to study dominating factors of unhealthy behavior in junior medical students.

Methods: We used the Lutsenko & Gabelkova's questionnaire for health disorders (2013) to survey the first and second-year students of a medical faculty – 36 females and 65 males aged 18-25.

Results: The research revealed that among the most evident signs of healthy behavior disorders in the surveyed students are as follows: insufficient self-control (25.7 %), which testifies for insufficient ability to control their emotions and cope with stress; emotional incompetence (19.8 %), which speaks about inability of future doctors to differentiate emotions, which can lead to conflicts or somatization of anxiety in a stressful situation; eating disorders (17.8%), seen as either inability to control meals or using food as means to cope with stress; self-destructing behavior in the form of consuming psychoactive substances (10.8%); drive for smoking (8.9%). Cumulative evident disorders of healthy behavior were revealed in 5.9% of the surveyed medical students.

Conclusions: Most junior medical students follow healthy lifestyles. The main risk factor is the decline in deliberate self-regulation at the cognitive, emotional, and behavioral levels. To get a more holistic view, the given research should also involve senior medical students.

Conflict of interest: No

Keywords: Unhealthy behavior; healthy lifestyles; medical students; Mental Health Care

EPV0693

Psychiatric disorders and stigma

M.J. Soares^{1*}, A. Araújo², A.T. Pereira¹, N. Madeira², I. Rosendo³, A.F. Miranda³, S. Morais², D. Moura², M. Coroa² and A. Macedo¹

¹Faculty of Medicine, University of Coimbra, Institute of Psychological Medicine, Coimbra, Portugal; ²Centro Hospitalar e Universitário de Coimbra, Department of Psychiatry, Coimbra, Portugal and

³University of Coimbra, Faculty of Medicine, Coimbra, Portugal

*Corresponding author.

Introduction: Stigma has negative impacts on several life domains of mental health patients.

Objectives: To study stigma levels among patients with different psychiatric disorders.

Methods: 108 patients with mental illness, from Hospitals and Family Healthcare Units of the central area of Portugal, completed

the Portuguese version of King's Stigma Scale, which evaluate "disclosure", "discrimination", "acceptance" and "personal growth" dimensions. The psychiatric diagnoses were performed by the patient's psychiatrist/physician and comprise the following disorders: depressive (n=44), anxiety (n=22), bipolar (n=16), schizophrenia (n=11) and comorbidity between psychiatric disorders (depression and anxiety; depression, anxiety and other psychiatric disorders; n=15).

Results: Patients differ in acceptance of illness and personal growth. The lowest levels of acceptance were observed in patients with anxiety and with psychiatric comorbidity. Bipolar (p<.01) and schizophrenia (p<.05) patients revealed higher levels of acceptance than patients with psychiatric comorbidity. Bipolar patients also showed higher acceptance than patients with anxiety disorders (p<.05). The lowest levels of personal growth were shown by bipolar and by anxiety disorders patients. Depressive patients revealed higher levels of personal growth than anxiety patients and bipolar patients (both, p<.05). Patients with psychiatric comorbidity revealed higher levels of personal growth than anxiety disorder patients (p<.05).

Conclusions: The acceptance of illness and personal growth distinguished the patients with different psychiatric disorders. Both dimensions are particularly low in anxiety disorders and acceptance is particularly high in disorders with worst courses/prognosis. Intervention to reduce stigma must focus on these two dimensions and consider that subjects with less severe clinical pictures might feel stigmatization.

Conflict of interest: No

Keywords: Stigma; psychiatric disorders; mental health

EPV0695

Socio-demographic factors predicting of emotional exhaustion among mental health professionals in a psychiatric hospital

R. Maalej, Y. Zgueb, U. Ouali, S. Ayedi*, A. Jelidi, R. Jomli and F. Nacef

Razi Hospital, A "avicenna" Department, Tunis, Tunisia

*Corresponding author.

Introduction: Over the last decades, there has been an increasing interest in emotional exhaustion and burnout. Many authors proved that mental health professionals are more exposed to emotional exhaustion.

Objectives: The aim of this study is to evaluate the level of emotional exhaustion experienced by healthcare professionals working in a mental health setting in Tunis (Razi) and to examine the socio-demographic factors that can cause it.

Methods: A total of 200 mental health care workers in Razi hospital (nurses, residents, psychologists, psychiatrists ...) were included in this study. Socio-demographic data form and the Maslach burnout score were used to evaluate the level of emotional exhaustion.

Results: The majority of the subjects were 30-39 years old (39,5 %), were female (61%), were married 60%, and were nurses (44,5 %). The mean score of emotional exhaustion was 26.9+/- 11.18. 22.5% of staff had low emotional exhaustion, 35% had moderate emotional exhaustion, and 42.5% had high emotional exhaustion. Singles, subjects under 40 years old, and alcohol users were significantly less exposed to emotional exhaustion (p were respectively = 0.019; 0.022; 0.005).

There was a statistically significant correlation between distance between home and work and emotional exhaustion ($p=0,01$).

Conclusions: Our study showed high levels of emotional exhaustion among mental health workers. Thus, measures should be taken to decrease emotional exhaustion and burnout.

Conflict of interest: No

Keywords: Demographic Factor; emotional exhaustion; mental health

EPV0696

The relation between inpatient violence and burnout among mental health professionals in a psychiatric hospital

R. Maalej, Y. Zgueb, U. Ouali, S. Ayedi*, A. Jelidi, R. Jomli and F. Nacef

Razi Hospital, A "avicenna" Department, Tunis, Tunisia

*Corresponding author.

Introduction: Inpatient violence constitutes a major problem for psychiatric hospitals. It can affect the staff working in mental health departments.

Objectives: The aim of this study is to determine the relationship between inpatient violence, job satisfaction and burnout among the staff working in a mental health hospital in Tunisia.

Methods: We have conducted a cross-sectional study and recruited a total of 200 mental healthcare workers in Razi hospital (nurses, residents, psychologists, psychiatrists). We have collected socio-demographic data, used the job satisfaction survey (Paul E Spector) and the Maslach Burnout Inventory (MBI), and asked the participants if they have ever been physically or verbally aggressed by patients.

Results: The majority of the subjects were 30-39 years old (39,5%), were female (61%), were married 60%, and were nurses (44,5%). 49% of the respondents experienced moderate or high levels of burnout, and 9% of them were satisfied at work. 48.5% of subjects reported having experienced physical assault during their exercise at work. 63,3% of them reported having experienced verbal assault. There was a statistically significant correlation between physical violence at worksite and burnout ($p=0,017$). There was no correlation between job satisfaction and violence at work in our study ($p>0,05$).

Conclusions: Ensuring a safe work environment in psychiatric hospitals is mandatory to decrease the level of burnout among mental health professionals.

Conflict of interest: No

Keywords: workplace violence; mental health; Hospital; Inpatients

EPV0697

Personal accomplishment among mental health workers in a psychiatric hospital in tunisia

R. Maalej, Y. Zgueb, U. Ouali, S. Ayedi*, A. Jelidi, R. Jomli and F. Nacef

Razi Hospital, A "avicenna" Department, Tunis, Tunisia

*Corresponding author.

Introduction: Personal accomplishment is defined as a dimension of burnout associated with feelings of competence, high self-

efficacy, and sense of achievement; reduced personal accomplishment often indicates burnout.

Objectives: The aim of this study is to evaluate the level of personal accomplishment of the mental health workers in Razi hospital and to examine the causes.

Methods: Total of 200 mental healthcare workers in Razi hospital (nurses, residents, psychologists, psychiatrists ...) were included in this study. Socio-demographic data form and the Maslach burnout score were used to evaluate the level of personal accomplishment

Results: The majority of the subjects were 30-39 years old (39,5 %), were female (61%), were married 60%, and were nurses (44,5 %). The mean score of personal accomplishment was 30,33 +/- 9,37. 65% of subjects experienced low levels of personal accomplishment, 17% of them experienced moderate levels of personal accomplishment, and 18% of them experienced high levels of personal accomplishment. Personal accomplishment was not significantly correlated to any socio-demographic data. Low personal accomplishment was significantly correlated to physical aggression from patients ($p=0,035$) and to the dissatisfaction of patients ($p=0,048$).

Conclusions: Our findings suggest that personal accomplishment is directly associated with the relationship with patients. Thus improving the communication between the staff and patients is mandatory to ameliorate the work environment and the satisfaction of both patients and staff.

Conflict of interest: No

Keywords: personal accomplishment; mental health; Hospital

EPV0698

Experts, patients and community mental health teams: a situation analysis

S. Bjedov^{1*}, S. Medved¹, P. Bistrovic², A. Ištvanovic³, L. Shields-Zeeman⁴, M. Nijssen⁵, C. Roth⁶ and M. Rojnic Kuzman^{1,7}

¹University Clinical Hospital Zagreb, Clinic Of Psychiatry And Psychological Medicine, Zagreb, Croatia; ²Health Center Zagreb-Centar, Family Medicine Office, Zagreb, Croatia; ³Croatian Institute of Public Health, Department For School Medicine, Mental Health And Addiction Prevention, Zagreb, Croatia; ⁴Dutch Institute for Mental Health and Addiction/Trimbos Institute, Department of Public Mental Health And Prevention, Utrecht, Netherlands; ⁵Dutch Institute for Mental Health and Addiction/Trimbos Institute, Department of Re-integration, Utrecht, Netherlands; ⁶University Hospital Heidelberg, Department of General Practice And Health Services Research, Heidelberg, Germany and ⁷University of Zagreb, School of Medicine, Zagreb, Croatia

*Corresponding author.

Introduction: Mobile specialized care teams represent a novel approach to psychiatric treatment, with evidence suggesting that multidisciplinary community mental health care teams (CMHT) are most adequate way of providing outpatient care. Research is done in a project called "Large-scale implementation of community based mental health care for people with severe and enduring mental ill health in Europe", RECOVER-E, based at the Department of psychiatry and psychological medicine at University Hospital Centre Zagreb (UHCZ), with the goal of implementing CMHT for treatment of patients with severe mental illness (SMI).

Objectives: The aim was to assess the current state of mental health system and exiting needs (i.e. outreach needs) before introducing CMHT through focus groups with service providers and health care users.

Methods: Focus groups were held with four different groups of participants: (i) service providers from Croatian hospitals already providing mobile psychiatric teams, (ii) future service providers at UHCZ, (iii) future service users and their families and (iv) representatives of SMI patients. Focus groups lasted 90 minutes under guidance of an educated moderator.

Results: indicate that all participants find CMHT an essential component of outreach care. Key problems of introducing CMHT include lack of team members, inadequate organizational and administrative support, poor intersectoral cooperation and insufficient inclusion of peer workers.

Conclusions: CMHT present a model of outreach care, with great interest for both providing and use of service. To implement a functioning CMHT model, it is necessary to increase the number of team members, provide adequate institutional and financial support and include peer workers.

Conflict of interest: No

Keywords: Severe mental illness; community mental health care team; outpatient care; mobile team

EPV0701

Prenatal malnutrition predisposes to addictive behaviour and antisocial personality traits

E. Franzek*

Yes We Can Clinics, Department of Research And Development, Eindhoven, Netherlands

*Corresponding author.

Introduction: The long-term consequences on individuals which are prenatally exposed to severe famine are still not known in humans.

Objectives: To investigate the effect of maternal famine and severe food insecurity on offspring. From previous studies we deduced the hypothesis that exposure to prenatal famine predisposes to addictive behaviors later in life and significantly alters sex ratios at birth. With this study we test this hypothesis.

Methods: In a case-control study we investigated the "Dutch hunger winter" period from October 1944 to May 1945. The unexposed individuals are born exactly one year after the hunger period. Exposed/unexposed ratios with and without addictive behaviors were analysed and sex ratios were calculated.

Results: Male individuals exposed to famine during their first trimester of gestation had a significantly higher risk of developing addictive behaviors than unexposed males. In female individuals significant results emerged in the third trimester of gestation. There was a significant excess of males at birth in individuals with addictive behaviors, both exposed and unexposed.

Conclusions: Addictive behavior later in life was strongly associated with prenatal malnutrition exposure in first gestational trimester in men and third gestational trimester in women. An excess of male births in addictive behavior groups point to a significant gender effect. A comparable excess of males is known in individuals with antisocial personality disorders which are regularly combined with addictive behaviors. We propose the following hypothesis for scientific discussion and research: The gender effect is survival adaptive and short-termed "functional" under severe famine circumstances (Open J Nutr Food Sci 2019; 1(1): 1004).

Conflict of interest: No

Keywords: Prenatal malnutrition; Antisocial personality; addictive behaviour; sex ratio men to woman

EPV0706

The community group of mental health, a strategy of care in the health field

M. Hormanez* and C. Cardoso

Universidade de São Paulo - USP, Psicologia, Ribeirão Preto. São Paulo., Brazil

*Corresponding author.

Introduction: The Community Group of Mental Health (CGMH) is a health promotion work, open to the community, that had been developed for more than 20 years based on the paradigms from the Brazilian Psychiatric Reform. The group's meetings aim to develop an attention to quotidian and are composed by reporting of the members in three stages: Soirée, which contains the experiences with cultural works, Experiences Report, which involves the daily experiences and Reflexive Stage, which covers the experiences accomplished during the GCSM meeting.

Objectives: The aim of this study was to analyze the repercussion of participation in the Community Group based on the reports of the members in the Reflexive Stage.

Methods: Thematic analysis of 24 meetings held between 2015 and 2017 at a Brazilian Psychiatric Day Hospital.

Results: The analysis of the members' reports enabled the elaboration of the following themes:

Emotions	The participant contacts and appropriates his own feelings.
Memories	The contact with life's trajectory enables the experience of "continuity of oneself".
Identification	The identification between the participants helps recognize their own progress.
Inspiration	The attention to the other people generates the desire for transformation, openness to the new and uncovers powers of oneself.
Reflections	Elaboration of senses with emphasis to the reflections about existential questions, triggering a "state of attention to the being", and to the reflections about health care experiences, stimulating the appropriation and defense of the psychosocial paradigm.

Conclusions: The GCSM's working method is an effective health care resource with the potential to promote mental health among different publics.

Conflict of interest: No

Keywords: mental health; health promotion; Psychotherapy; Group

EPV0707

Initial experiences of recover-e CMH mobile teams in N. Macedonia / patients homes as a therapeutic setting

S. Bajraktarov, A. Naumovska, G. Kalpak*, M. Milutinović, L. Novotni and A. Novotni

University Clinic of Psychiatry, Psychiatry, Skopje, North Macedonia
*Corresponding author.

Introduction: RECOVER-e's main purpose is to ensure well-functioning community mental health teams in five countries in Europe, one of which is N. Macedonia. The project supports the development and implementation of a multidisciplinary community mental health team - CMH, consisting of a psychiatrist, psychologist, social worker, nurse, and peer worker, delivering evidence-based mental health care to the patient location. This service delivery model was not available in N. Macedonia before the RECOVER-E program.

Objectives: Our team set out to design, implement and evaluate recovery-oriented care for people with severe mental illness. We aim to develop evidence-based care pathways and treatment protocols and transition to scale for regional and national decision-makers, for continued implementation after the project's life span.

Methods: All included patients were assessed by a comprehensive questionnaire. The CMH teams meet up on a weekly basis to exchange experiences, discuss different strategies and interventions used.

Results: So far, 110 patients underwent baseline assessment, with prospective randomization selected either in treatment or control group. Furthermore, 69 home visits were completed in a time span of 6 months. The patients in the treatment group were visited by the CMH team, making interventions on the spot and devising a treatment strategy for follow-up visits.

Conclusions: The intervention is focused on changing mental health care systems to be able to provide community-based mental health care for people with severe mental illness, providing integrated services to people with severe mental illness in order to structurally attain their recovery goals, as well as timely and appropriate care in the event of a crisis.

Conflict of interest: No

Keywords: community health; mobile team; public health; mental health

EPV0708

The future of rural mental health in greece: dilemmas of a young psychiatrist.

I. Kourtesis*

"DAFNI" Psychiatric Hospital, 10th, HAIDARI, Greece

*Corresponding author.

Introduction: In Greece, there are over 2500 islands. Being far from the coast, the vast majority of their residents experience emerging shortages of medical services. Moreover, the practice of psychiatry in rural/remote areas differs in many ways from that in metropolitan ones.

Objectives: To determine the challenges and dilemmas encountered in rural mental health, especially for the early-career psychiatrists.

Methods: Bibliographic review (PubMed).

Results: In rural areas, the psychiatrist is often called upon to handle more conservative people who show tendency to trust traditional/nonmedical treatments and adopt behaviours which are influenced by cultural values. Issues such as homosexuality, physical/verbal abuse, domestic violence, misuse of alcohol, abuse of illicit substances and major psychopathology (mood/anxiety/psychotic/developmental disorders) stigmatize and

isolate patients. As a result, they often conceal/underestimate the problem due to the fear of heightened social stigma/discrimination. Patient management is further complicated by the insufficient supervision of the caregiver and the shortage of specialized mental health professionals/units. Issues arise in ensuring confidentiality in rural areas, where overlapping roles and dual relationships exist, adding further difficulty and complexity. Even the psychiatrists themselves may face social ostracism, suspicion and stigmatization leading to rapid professional burnout. Court-ordered evaluations may give rise to ethical dilemmas as the clinician struggles with role conflict issues and could be placed at risk for ethical/clinical misjudgments.

Conclusions: The practice of psychiatry in underserved areas presents peculiarities and unprecedented challenges for the young specialist. Key strategies, training supervision and access to tele-psychiatry networks are required to workforce the shortages and difficulties experienced both by caregivers and patients.

Conflict of interest: No

Keywords: mental health care; professional isolation; ethics; rural psychiatry

EPV0709

Diagnostic communication in psychiatry - perspectives of patients and caregivers

L. Lopes* and S. Pereira

Centro Hospitalar de Vila Nova de Gaia/Espinho, Serviço De Psiquiatria, Vila Nova de Gaia, Portugal

*Corresponding author.

Introduction: Clinical communication skills are crucial to psychiatrist-patient relation, notably when sharing a mental health diagnosis, which may have a negative impact on patient's life. Additionally caregivers usually also ask for information so they can effectively support the patients. However, little is known about the best way to communicate mental health diagnosis.

Objectives: This work aims to explore patients and caregivers' perspectives on diagnostic communication in psychiatry. It also seeks to identify strategies for better communication and to develop an action strategy.

Methods: A non-systematic literature review was performed on electronic databases using the terms "psychiatry" and "diagnostic communication". Related articles were also analyzed.

Results: Studies underscore that patients want to be informed about their mental diagnosis and appreciate receiving clinical information from their psychiatrist. Sharing information on the diagnosis seems to enable patients to understand their own symptoms/behaviors and to actively participate in the characterization of their disease, which relates to better satisfaction and better health outcomes. Yet, patients often report difficulty in obtaining clear information about diagnosis, prognosis and treatment. Caregivers recognize the importance of obtaining information regarding the clinical diagnosis but tend to receive insufficient information in order to understand the disease and its future impact on family dynamics. Caregivers also seem to feel excluded from the clinical interaction in psychiatric care and that their knowledge about the patient is underestimated.

Conclusions: There is a need to improve communication of psychiatric diagnosis with patients and their caregivers. An honest and patient-centered diagnostic discussion is a unique opportunity to promote a better psychosocial environment.

Conflict of interest: No

Keywords: Psychiatry; Caregivers; Patients; Communication

EPV0713

The influence of negative and positive manifestations of reflection on cognitive states in solving creative problems

L. Shaiakhmetova*, M. Yusupov, A. Prokhorov and A. Chernov
Kazan Federal University, General Psychology, Kazan, Russian Federation

*Corresponding author.

Introduction: According to the model of reflexive regulation of mental states, reflexive skills contribute to increasing the effectiveness of cognitive activity. However, negative manifestations of reflection (rumination, self-dripping) may interfere the cognitive process.

Objectives: The purpose of the study is to identify the effect of reflection on cognitive states that arise during the solution of creative tasks and to investigate predictors of manifestations of adaptive and non-adaptive reflection.

Methods: 65 students were offered to complete creative tasks from the tests of S. Mednik and E. Torrens and then to indicate experienced cognitive states. Next, the level of reflection was measured and were studied the correlations of reflective indicators with personality orientation.

Results: Intellectual reflection determines successful solving of verbal creative tasks ($F = 5.63$, $p = 0.011$) and increases the frequency of the state of perplexity ($F = 3.762$, $p = 0.041$). Personal non-adaptive reflection positively affects the effectiveness of non-verbal tasks ($F = 4.11$, $p = 0.027$) and, like personal adaptive reflection, increases mental tension ($F = 26.294$, $p < 0.001$). This fact can be determined by the cognitive orientation, which correlate with personal non-adaptive reflection ($r = 0.446$, $p = 0.13$). Personal adaptive reflection correlates with the internal locus of control ($r = 4.12$, $p = 0.24$), and intellectual one corresponds with external locus ($r = 0.363$, $p = 0.49$).

Conclusions: Different aspects of reflection have various effects on cognitive states and the effectiveness of problem solving. This work was supported by the RFBR grant No. 19-013-00325.

Conflict of interest: No

EPV0714

National health information system as an efficient tool for mapping of the mental health care reform in the czech republic

J. Soukupova*, H. Melicharová, O. Šanca and J. Jarkovsky
Institute of Health Information and Statistics of the Czech Republic, -, Prague, Czech Republic

*Corresponding author.

Introduction: The initial steps of the reform of mental health care in the Czech Republic have been done. Precise mapping of the process reorganisation of mental health care is essential for evaluation of its efficiency, definition of gaps and redistribution of the budget.

Objectives: Assessment of changes of mental health care system over the past ten years using the data of National Health Information System (NZIS).

Methods: NZIS has interconnected information on all Czech health service providers and professionals with data reported by providers to health insurance companies (National Registry of Reimbursed Health Services - NRRHS). A combination of epidemiological and service-related information were grouped together with sociodemographic data, and mapping of geographical trends was used to track changes.

Results: The analysis revealed that 650,000 patients was in contact with the healthcare system in 2018 due to psychiatric diagnoses and that this number increases mainly in dementia (7–8% per year) and anxiety disorders (4–5%, Table 1). The number of outpatient consulting rooms has slightly increased over time: from 1,711 in 2010 to 1,843 in 2018 (Figure 1). However, a considerable inequality in the availability of consulting rooms was revealed with a significantly better situation in Prague (2,998 inhabitants per room) when compared to other regions (ranging from 5,453 to 8,401) in 2018 (Figure 2).

Conclusions: Although the availability of mental health care has increased, there are large differences in availability among regions. Data from NHIS are the key tool for the mapping of mental health care and planning of the reform of mental health care.

Conflict of interest: No

Keywords: epidemiology; healthcare mapping and planning; mental healthcare reform

EPV0715

Ensure healthy parent-child bonds in the first year of life as a measure to contribute to greater resilience in people and society

G. Hernandez-Santillan^{1*}, M.F. Bravo-Ortiz², M. Alcami Pertejo², A. Fernandez-Sanchez² and G. Lahera²

¹Universidad Autónoma de Madrid, Medicine, Madrid, Spain and ²La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain,³University of Alcalá, Faculty of Medicine, Madrid, Spain

*Corresponding author.

Introduction: Resilience is an interactive concept to describe the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences. Cyrunklik stated that if an infant has a protective bond during his first year of life, then it will probably be more resilient.

Objectives: Explain that a protective parent-infant bond in the first postnatal year is a significant protective factor.

Methods: Systematic search and literature review.

Results: A child cannot acquire resilience on his own, he must find a significant object/subject that suits his temperament. But, sometimes, the primary caregiver is threatened by psychic transparency when the memory of his early childhood is not a good model to apply with his own offspring. Then, there is a risk of transmitting trauma intergenerationally. Early sensory isolation (preverbal), causes a change in the representation of time and the acquisition of a neuro-emotional vulnerability. Later, when the wounded person can speak, it is the representation of the trauma that can be added to his suffering or repaired: a non-shared narrative leads to mental rumination, but the feeling caused by this story depends on relationship with another and congruence with social narratives. Bowlby said that if a mother with traumatic childhood experiences was able to make a fluent story, by contacting her emotion and with an attitude of acceptance, she was able to raise children with secure attachment. Two intervention strategies are: 'resolving parental trauma' and actively 'supporting parent-infant relationship'.

Conclusions: The multidisciplinary professional support of new parents will allow them to better support their children.

Conflict of interest: No

Keywords: Prevention; attachment; parent-child bond; Resilience

EPV0717

Religious beliefs and practices in college students: their association with stress, affect, cognitive processes and emotion regulation strategies

M.J. Soares^{1*}, A.P. Amaral², A.T. Pereira¹, S. Bos¹ and A. Macedo¹

¹University of Coimbra, Faculty of Medicine, Department of Psychological Medicine, Coimbra, Portugal and ²Polytechnic Institute of Coimbra, Coimbra Health School, Coimbra, Portugal

*Corresponding author.

Introduction: Several studies suggest that religious affiliation and spirituality often provide a cognitive framework that facilitates finding a meaning in life and may be coping resources to better deal with stress and suffering.

Objectives: To study how religious beliefs and practices associate with stress, negative affect, perseverative thinking and cognitive emotion regulation strategies.

Methods: 255 higher education students (79.6% women) answered a set of questionnaires in Time 0 (T0) and one year later (Time 1, T1), which included: Perceived Stress Scale-10; Profile of Mood States; Perseverative Thinking Questionnaire; Cognitive Emotion Regulation Questionnaire and two “yes”/“no” questions to assess religious beliefs (RB) and religious beliefs and practices (RBP).

Results: In T0 and T1, 82.3% and 83.9% of the students held RB and 52.8% and 48.4% of these also had religious practices (RBP). RB and RBP decreased with age, both in T0/T1. No RB was positively related to positive reappraisal and planning in T1 ($r=.126$, $p<.05$). No RBP in T0 was positively associated with T0 perceived stress, T0 blaming-others, T0 self-blame, T0/T1 global negative emotion regulation strategies and T0/T1 negative affect. No RBP in T1 was also positively associated with T1 global perseverative thinking (from $r= .156$, $p<.05$ to $r=.249$, $p<.01$).

Conclusions: More than the religious beliefs alone, the join effect of religious beliefs and practices, might promote personal well-being. Religious beliefs and practices are associated with positive outcomes and with adaptive cognitive-emotional processes in undergraduate students. The last association may clarify the protective effect of religious beliefs and practices.

Conflict of interest: No

Keywords: affect; Religious beliefs and practices; cognitive processes and emotion regulation strategies; stress

Mental health policies

EPV0719

Divergencies in the organization of the community-based mental health services of leganés and río de janeiro: a tale of two cities.

M.L. Costa Ferrera Da Silva^{1*}, Á. Cerame Del Campo², P. Coucheiro Limeres² and R. De Hita Santillana²

¹Hospital Universitario Severo Ochoa, Psychiatrist, leganes, Spain and

²Instituto psiquiatrico Jose Germain, Psychiatric Trainee, leganes, Spain

*Corresponding author.

Introduction: Community-based psychiatry as basis for the psychosocial organizational care is a political perspective that many health services adopted after processes of desinstitutionalization. We analyze two community-based networks in depth: Rio de Janeiro's (Brazil) and Legane's (Madrid, Spain) Mental Health Services. Its contrasts and divergences are striking both structurally and performatively.

Objectives: We present an analysis of the organization and implementation of care for people with severe mental illness in Rio de Janeiro and in Leganés. We theorize about the possible causes of the observed differences, considering cultural, social and political factors.

Methods: An analysis of the relevant literature published by prominent community-based psychiatry authors in Spain and Brazil. Special attention is paid to the discrepancies between the theoretical principles held between different countries and the practical institutional implementation.

Results: A predominance of a socio-cultural approaches is observed in the Brazilian psychosocial network compared to a more clinical orientation in the Spanish one.

Conclusions: We hypothesize that the differences observed are supported by complex sociocultural aspects. In the case of Brazil: greater primary-care resources which allow for a better coordination, the overlapping of assistance with the private healthcare system as well as Rio de Janeiro's vulnerable population marginalized by the state, to name only a few. All of the above creates the need for a socially-centered approach which is less centered in the purely clinical approach. These characteristics result in a comprehensive and community-based support of the individual in which the clinical psychopathological understanding becomes blurred and relegated to second place.

Conflict of interest: No

Keywords: mental health care; community-based psychiatry; desinstitutionalization

EPV0721

Ethical, legal and clinical aspects of mechanical restraint: a narrative review

L. Nocete Navarro^{1*}, V. López De Loma Osorio², L. Borrero Granell³, M.F. Bravo-Ortiz⁴ and A. Fernández Liria²

¹Universidad Autónoma de Madrid, Psychiatry, Madrid, Spain;

²Hospital Universitario Príncipe de Asturias, Psychiatry, Alcalá de Henares, Spain; ³Hospital Universitario Nuestra Señora de Candelaria, Psychiatry, Santa Cruz de Tenerife, Spain and ⁴La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Mechanical restraint (MR) in Psychiatry can be defined as the application of any mechanical device that limits the person's movement or normal access to his or her body. The use of these measures for behavioral management in people with psychiatric symptoms occurs routinely in and out of mental health departments. Due to its ethical implications, the abolition of MR is one of the main targets of mental health user's movement in our country.

Objectives: To review the fundamental aspects of the use of mechanical restraints from a critical perspective.

Methods: A narrative review of the literature and presentation of the results.

Results: The controversy surrounding MR is due to the fact that their use implies a loss of the right to move freely, that they are generally applied against the will of the mental health service users, that their therapeutic effectiveness is not proven but adverse effects are, and that there is a risk of Misuse and abuse. Even if its use is defended as a safety measure, international organizations point out that it's essential to have clear legal regulation of these procedures. However, the variability of policies around MR differs considerably between countries, even within the European context, and it is not regulated by law in Spain.

Conclusions: It seems necessary to reconsider why a measure whose effectiveness has not been demonstrated, which generates ethical, legal and scientific conflict, which causes harm to patients, professionals and their therapeutic bond, and for which there are ways to promote its elimination, is still being employed.

Conflict of interest: No

Keywords: ethical challenges; mechanical restraint; Mental Health Policies

EPV0723

On track program for first episode psychosis services in chile: stakeholders perspective in the adaptation phase

M.S. Burrone^{1*}, G. Reginatto¹, T. Arriata¹, P. Velasco¹, E. Susser^{2,3}, L. Dixon^{3,4}, R. Alvarado^{1,5}, L. Yang⁶, I. Bello^{3,4} and L. Cabassa⁷

¹Universidad de O'Higgins, Instituto De Ciencias De La Salud, Rancagua, O'Higgins, Chile; ²Columbia University, Mailman School of Public Health, NYC, United States of America; ³Columbia University, New York State Psychiatric Institute, NYC, United States of America; ⁴Columbia University, Vagelos College Of Physicians And Surgeons, NYC, United States of America; ⁵Universidad de Chile, Escuela De Salud Pública - Facultad De Medicina, Santiago, Chile; ⁶New York University, New York University, NYC, United States of America and ⁷Washington University in St. Louis, The Brown School, St Louis, United States of America

*Corresponding author.

Introduction: Evidence from high-income countries demonstrates effectiveness of early intervention services (EIS) for people with First Episode Psychosis (FEP). In the US, OnTrackNY, a type of EIS, has been successfully implemented across many communities. No Latin-American country offers universal access to EIS for FEP, with the partial exception of Chile where FEP policies don't conform to recently established evidence-based approaches. To apply OnTrackNY in Chile, adaptations to this new context are required.

Objectives: Identify stakeholder views on strengths and barriers associated with implementing OnTrackNY in Chile.

Methods: Semi-structured qualitative interviews were conducted in three Community Mental Health Centers (CMHC) in two regions across stakeholder groups: policy makers (n=5), CMHC Health Managers/Directors (n=4), mental health professionals (n=8). Conducted two focus groups with clients (n=13) and families (n=13). Stakeholders views about three areas were examined: Current FEP services in Chile; OnTrack implementation in Chile; and OnTrack training approach to support implementation.

Results: Stakeholders shared consensus regarding strengths and barriers about each category. Current FEP services were viewed as

lacking coordinated outreach and referral, promoting stigma and using a more traditional medical model. Stakeholders expressed strong acceptance of OnTrack model as it will help shift FEP services to a more recovery-oriented, patient-centered approach. Views about training identified important barriers including lack of incentives and limited time for training.

Conclusions: Stakeholders consider OnTrack as an important approach to transform FEP services in Chile using a more recovery-oriented approach. Although some concerns in implementation logistics were identified, there appears to be strong support for On Track's implementation with the appropriate adaptations.

Disclosure: This project is funded by National Institute of Mental Health (R01MH115502: Contact PI: Alvarado, Multi-PIs: Cabassa, Dixon, Susser)

Keywords: Early Intervention Services; Chile; Public policies; First Episode Psychosis

EPV0724

Cost-effectiveness analysis of interventions to achieve universal health coverage for schizophrenia in México

H. Cabello-Rangel^{1*}, L. Díaz-Castro² and C. Pineda-Antúnez³

¹Psychiatric Hospital "Fray Bernardino Álvarez", Division Of Diagnostic Assistants, Mexico City, Mexico; ²National Institute of Psychiatry Ramon de la Fuente Muñiz, Direction Of Epidemiological And Psychosocial Research, Mexico City, Mexico and ³National Public Health Institute, Department of Health Services Research, Cuernavaca City, Mexico

*Corresponding author.

Introduction: To achieve universal coverage in mental health, it is necessary to demonstrate which interventions should be adopted

Objectives: Analyze the alternatives of pharmacological and psychosocial treatment in Mexico for patients diagnosed with schizophrenia, as well as "Early Intervention in Psychosis Program".

Methods: The "Extended cost-effectiveness analysis" (ECEA), it is implemented under scenario the option of treatment in Mexico, which includes: typical or atypical antipsychotic medication plus psychosocial treatment, assuming that all the medications will be provided to the patient, a measure of effectiveness is the years of life adjusted to disability (DALYs)

Results: The effect of Universal Public Financing (UPF) is reflected in avoiding 147 DALYs for every 1,000,000 habitants. In addition, has a positive effect in the avoided pocket expenditures from US \$ 101,221 to US \$ 787,498 according to the type of intervention. Increasing government spending has a greater impact on the poorest quintile, as a distributive effect of the budget is generated. Respect to the value of insurance, the quintile III is the one who is most willing to pay for having insurance, on the other hand, in the highest income quintile, the minimum assurance valuation was observed.

Conclusions: The reduction in out-of-pocket spending is uniform across all quintiles; "Early Intervention in Psychosis Program" is not viable for low-middle income countries, as México. The ECEA is a convenient method to assess the feasibility and affordability of mental health interventions to generate information for decision-makers.

Conflict of interest: No

Keywords: Universal health coverage; schizophrenia; cost-effectiveness

EPV0726

From 19th century asylum buildings to a modern 21st century psychiatric hospital - visions and experiencesA. Harpøth^{1*} and L. Sørensen^{1,2}¹Aarhus University Hospital, Department of Forensic Psychiatry, Aarhus N, Denmark and ²Aarhus University, Clinical Medicine, Aarhus N, Denmark

*Corresponding author.

Introduction: Psychiatric hospitals are continuously challenged to improve treatment and security. To this effect the Psychiatric University Hospital in Aarhus, Denmark moved from 19th century asylum buildings to a modern 21st century psychiatric hospital in 2018. The vision was to provide better somatic treatment, to strengthen staff - patient safety and security, and to ensure better, more efficient psychiatric service for a larger number of patients.

Objectives: To examine what structural changes were made to achieve the treatment, safety, security and organizational goals.

Methods: We reviewed the public procurement proceedings for the new hospital. For the old and new hospital, we compared: the blueprints, the structure and size of wards, the number of beds, single occupancy rooms and rooms with integrated toilet and sink, de-escalation areas, activity areas, ambient features (light and rooms with a view) and features to prevent absconding and suicidal behavior.

Results: To facilitate easier access to somatic treatment the new psychiatric hospital is located on the same compound as the somatic hospital and the somatic and psychiatric emergency rooms are joined. The in-patient wards are larger, have wider halls, and visibility of staff is increased. All rooms are single occupancy with toilet and sink. The interior design is standardized and chosen based on safety - security optimization. More non-pharmacological treatment options are available for in-patients. Out-patient treatment is centralized and standardized to accommodate a larger number of patients.

Conclusions: Future outcome studies are needed to evaluate to which extent the structural changes affect targeted outcomes.

Conflict of interest: No

Keywords: Structural safety; Organization; physical environment; coercion

EPV0728

The medicalization model for cannabis based treatments, the israeli experience

P. Roitman

Clalit Health Services, Psychiatry, Bet Shemesh, Israel

Introduction: There is a growing interest in the potential therapeutic benefits of Cannabis. It is already approved for and used for various medical indications, ranging from relief of chronic pain, treatment of inflammatory diseases, epilepsy, autism, post-traumatic stress disorder etc. During recent years, cannabis use for medical indications ("medical cannabis") has become increasingly used in Israel. At the end of 2018, approximately 35,000 patients held a license to use cannabis for medical indications, most (18,000) for chronic pain, and almost 5000 for PTSD.

Objectives: In order to bring a better solution to patients in need for Cannabis to treat several ailments that did not find an answer in

traditional evidence-based treatments, the Israeli Ministry of Health promotes a whole new model for Cannabis Based treatment, in an attempt to relate to Cannabis in the closest possible way as to any narcotic medication.

Methods: A thorough description of the process that brought to the Medicalization Model for Cannabis in Israel, how it is implemented, number of licences by different indications, and concrete examples on how it is administered in the case of PTSD, from a community psychiatrist perspective.

Results: The new model aims to bring to a better control of cannabis supply for medicinal purposes.

Conclusions: Israel is one of the leading nations in the research and development of Cannabis Based Treatments. This is a report on the Israeli Experience from a community Psychiatry perspective.

Conflict of interest: No

Keywords: Medicinal Cannabis; public health; PTSD

EPV0729

Quality in mental health services: assessment and improvement guideL. Samartzis^{1,2*} and M. Talias¹¹Open University of Cyprus, Faculty of Economics And Management, Nicosia, Cyprus and ²Cyprus Mental Health Services, Department of Psychiatry, Nicosia, Cyprus

*Corresponding author.

Introduction: Mental health is important for quality of life, economy, and society. Mental health services for prevention and treatment, maintain, restore and improve mental health.

Objectives: This study describes a methodology for qualitative and quantitative evaluation and improvement of the mental health service system.

Methods: In this review study, literature is searched in order to provide criteria, indicators and methodology for evaluating and improving the quality of mental health services and the related qualitative and quantitative indicators. The bibliography was searched in popular databases PubMed, Google Scholar, CINAHL, using the keywords "mental", "health", 'quality', 'indicators', alone or in combinations thereof.

Results: Important quality indicators of mental health services have been collected, analyzed and presented, modified where appropriate. For each indicator is presented its importance, its definition, and method of calculation. Each indicator belongs to one of the eight dimensions of quality assessment: 1) Suitability of services, 2) Accessibility of patients to services, 3) Acceptance of services by patients, 4) Ability of healthcare professionals to provide services, 5) Efficiency of health professionals and providers, 6) Continuity of service over time (ensuring therapeutic continuity), 7) Efficiency of health professionals and services, 8) Safety (for patients and for health professionals).

Conclusions: All indicators mentioned are related to public health, affecting quality of life, morbidity, mortality and life expectancy, directly or indirectly. Systematic measurement and monitoring of indicators and the measurement and quantification of quality through them, are the basis for evidence-based health policy for improvement of the quality of mental health services.

Conflict of interest: No

Keywords: mental health; policy; quality; indicators

EPV0730

Pre-discharge factors associated with early readmission to psychiatric inpatient services within 90 days

J. Wright* and R. Thomas

Barnet Enfield and Haringey NHS Mental Health Trust, St Ann's Hospital, London, United Kingdom

*Corresponding author.

Introduction: Early readmission to inpatient psychiatric services is a poor outcome for service users, staff and the healthcare system. A variety of clinical, demographic and system factors, mostly non-modifiable, have been investigated previously. The identification of pre-discharge and particularly modifiable factors associated with readmission would give an opportunity for intervention and changes in policy.

Objectives: To identify pre-discharge risk factors associated with early inpatient readmission with a focus on modifiable factors.

Methods: 272 medical records of all admissions within an 8 month period to a London inner city psychiatric inpatient service were reviewed to identify factors associated with readmission within 90 days of discharge. The data was analysed by simple comparison, calculation of odds ratios and logistic regression.

Results: 26% of service users were readmitted to the mental health trust within 90 days of discharge. Incidents (Odds Ratio [OR] = 3.86; 95% confidence intervals [CI] 1.39-10.75) and psychotropic medication change in the week before discharge (OR = 2.94; 95% CI 1.43-6.03) were significantly associated with readmission, as were the number of previous admissions and comorbid substance misuse. Successful overnight leave was significantly protective against readmission (OR = 0.29; 95% CI 0.11-0.72).

Conclusions: The ability to predict those at high risk for readmission means they can be targeted for interventions and it can also help develop best practice around inpatient care and the discharge process. The novel findings in this study of pre-discharge modifiable risk factors such as stability and successful overnight leave could have significant implications in discharge planning policy.

Conflict of interest: No

Keywords: readmission; risk factors; inpatient services; pre-discharge factors

Migration and mental health of immigrants

EPV0732

Cultural and migration influence on psychiatric syndromes.V. Álvarez González^{1*}, C. Suarez Pérez² and J. Ballesteros López²¹Hospital Universitario Infanta Cristina, Psychiatry, Madrid, Spain and²Hospital Universitario Infanta Cristina, Psiquiatría, Parla, Madrid, Spain

*Corresponding author.

Introduction: Emigration constitutes one of the main social phenomena of this century. The migration process involves physical and psychological stress for the person involved, although it doesn't seem clear whether there's a direct relationship between immigration and the onset of mental illness.

Objectives: Know the main psychiatric pathologies of the immigrant population and highlight the way that sociocultural aspects influence the management, diagnostic, evaluation and treatment of mental illness.

Methods: Systematic review of English and Spanish scientific papers of the last 20 years.

Results: Psychiatric syndromes are universal but their clinical expression is determined by cultural factors. There are several psychiatric conditions that seem to show themselves more frequently in immigrant population: Posttraumatic stress disorder, psychosis, anxiety, depression and substance use disorder. Although we might think that immigration could be a risk factor for the development of mental pathology by acting as a stress generator, it seems that, according to various studies, it wouldn't produce by itself an increase in that risk but would depend on the traumatic experiences suffered during the migratory process. Moreover, it's important to underline that cultural traditions determine how individuals evaluate their mental health and how the concept of mental illness varies according to cultural belief system

Conclusions: In recent years there has been an increase in immigrant population in Europe. This emigration is usually associated with psychological and adaptive malaise. The progressive awareness of doctors in cultural and immigration issues is essential, as well as the development from the institutions of specific programs and resources to approach this problem

Conflict of interest: No

Keywords: immigration; Transcultural Psychiatry; psychopathology; cross-cultural psychiatry

EPV0733

Mental health risks in immigrants confined in cie.L. Borrero Granell^{1*}, L. Nocete Navarro², T. Chami Mateo¹, A. Quintana Monzón¹ and V. Palanca Estévez¹¹Hospital Universitario Nuestra Señora de Candelaria, Psychiatry, Santa Cruz de Tenerife, Spain and ²Universidad Autónoma de Madrid, Psychiatry, Madrid, Spain

*Corresponding author.

Introduction: From our experience, the emergency care needed by migrant people detained in the CIE (detention centres for migrants) due to suicidal attempts, autolytic ideations, and mental suffering are numerous.

Objectives: Raise awareness about the psychosocial state of migrant people in the CIE, the reasons about their detention, the uncertainty in which they live, and the risk it means for keeping their mental health.

Methods: Describe, based on cases of CIE inmates in emergency care and through observations made in collaboration with an NGO, the difficult situation they faced.

Results: The conditions migrant people in the CIE suffer due to the fact of not being able to legalize their status, usually because of administrative obstacles and the unrealistic requirements, go against fundamentals human rights and have important repercussions at the psychic level.

Conclusions: These conditions, the uncertainty and the perception of injustice, severely affect the mental and physical health of the migrants, causing suicidal behavior and other mental disorders in a large percentage of the population confined in CIE.

Conflict of interest: No

Keywords: immigration CIE Human rights

EPV0734

Postpartum psychosis in migrant women: analysis of related risk factors

P. Coucheiro Limeres*, Á. Cerame Del Campo, A.V. Franco Soler and I. De La Mata Ruiz

Instituto Psiquiátrico José Germain, Psiquiatría, Leganés, Spain

*Corresponding author.

Introduction: Postpartum Psychosis (PP) is a medical emergency described as the sudden onset of psychotic symptoms after childbirth. Stress-related biological and psychosocial risk factors (RF) have been described as associated with an increased risk of its appearance. In the case of migrant women, both the clinical presentation and the RF may have specific aspects which bear clinical importance.

Objectives: Our aim is to explore those clinical, cultural and socioeconomic predictors which could help to identify both the risk of occurrence of PP and its subsequent recurrences.

Methods: We present the case report of a 33-year-old Senegalese woman admitted twice in the psychiatric-emergency Department of the Leganés hospital after presenting psychotic symptoms in the postpartum period and a bibliographic review.

Results: Multiple studies address the various RFs that may be involved in PP. The importance of a family and / or personal history of bipolar disorder and primiparity being the most prevalent ones. However, few studies address the importance of sociodemographic factors in its development. Throughout the case presented, we observe how the patient's experience of racial difference, her own cultural practices as well as her socioeconomic level could have contributed to stress-related factors in this patient.

Conclusions: We can show how sociodemographic differences could participate as additional factors in the development of this psychiatric disorder. As a consequence, these findings should be considered in the comprehensive approach and treatment of patients. Nevertheless, additional research is needed to fully understand the proposed risk factors and to elucidate the clinical implications derived from their study.

Conflict of interest: No

Keywords: migration; postpartum; psychosis

EPV0735

Prevalence of major depressive disorder among immigrants of the metropolitan region of Santiago, Chile

A. Errazuriz*

Pontificia Universidad Católica de Chile, Psychiatry, Santiago, Chile

*Corresponding author.

Introduction: Research on the association between exposure to immigration and prevalence of depression is limited and the evidence ambiguous. This study quantified the prevalence of Major Depressive Disorder (MDD) and the use of mental health services among the immigrant population of Santiago, Chile.

Objectives: 1. Estimate the prevalence of MDD in a representative sample (n=1,100) of immigrants, by sex, age group, educational and socioeconomic level. 2. Determine barriers to access to mental health care. 3. Determine if changes in socio-economic position,

financial difficulties and victimization are associated with a higher probability of MDD. 4. Compare the prevalence estimates of MDD in immigrants versus in the general Chilean population.

Methods: Cross-sectional survey using a structured clinical interview (i.e. modular version of the Composite International Diagnostic Interview (WHO WMH-CIDI) in a sample of immigrants. Individuals aged 18 years or older, residing in private households in Santiago, Chile, born outside of Chile and living in the country for at least 6 months with verbal Spanish language skills are eligible to participate. The WHO WMH-CIDI is used to evaluate MDD. Data on sociodemography, displacement, experience of victimization, discrimination, alcohol use, social support, mental wellbeing, symptoms of anxiety and experience of childhood adversity are collected using standardized instruments. The study was approved by the Ethics Committee of the Faculty of Social Sciences of the Pontificia Universidad Católica of Chile and all participants provided informed consent.

Results: 809 interviews have been completed. Fieldwork is undergoing until October 31st, 2019.

Conclusions: Preliminary results will be available from January 2020.

Conflict of interest: No

Keywords: Migrants; prevalence; global mental health; Dépression

EPV0737

The Italian project start-er: work in group with migrants to face post-traumatic vulnerability

M. Pacetti*

Centro Salute Mentale Forli, Italy, Dsm-dp, Forli, Italy

*Corresponding author.

Introduction: In the last years, Italian scenario in migratory flows, allowed the realisation of specific regional project. Since 2016 in the Region Emilia Romagna there is a project named START-ER) designed for per RTPI Asylum seekers and beneficiaries of International Protection (RTPI) accommodated in the first reception facilities of the area.

Objectives: to increase integration of social and medical assistance by interdisciplinary networking between public and private organisation to improve their health, protection and hospitality. They are subject to post-traumatic vulnerability and have numerous social and health needs. We work in group with migrants according to ethnopsychiatry and ethnopsychanalysis theories (1,2).

Methods: numbers were collected from 21 September 2016 to 31st March 2018 by anagraphic schedule than elaborated by a monitoring system. Diagnosis was made by our diagnostic and statistical manuals of Mental disorders (ICD-9 and DSM-IV).

Results: 91 people were helped in the project, of this 72 were male, 19 female and 15 minors. Nationality of 91 people involved in the project most comes from Nigeria. Among patients affected by a mental disorders most diagnosis was mild disorders as Adjustment disfunctioning.

Conclusions: through the establishment of multidisciplinary team between public and private workers we promptly intercepted distressed people in the reception facilities where they lived, reducing referral to the Mental Health Centre.

Conflict of interest: No

Keywords: Migrants; vulnerability; asylum seekers; group

EPV0739

Differences between adopted children and non-adopted children related to attention-deficit disorder with hyperactivity. The importance of the effect of deprivation.

C. Martín Villarroel*, L. Carpio Garcia, J. Dominguez Cutanda, G. Belmonte Garcia, J. Matsuura, M. Sánchez Revuelta and E. Garcia

HOSPITAL PROVINCIAL DE LA MISERICORDIA, Psiquiatría (consultas Externas), TOLEDO, Spain

*Corresponding author.

Introduction: Multiple studies have demonstrated that adopted children develop behavioral and we think that they have a more risk of develop of attention-deficit hyperactivity disorder (ADHD).

Objectives: The objective of this paper is to study if there is a higher frequency of ADHD in adopted than non-adopted children and in that case, which risk factors increase the vulnerability.

Methods: A bibliographic search was performed from different database (Pubmed, TripDatabase) about both populations, looking for vulnerability factors for the development of ADHD.

Results: We found more ADHD on adopted children than children raised in their biological families. This finding might be because of risk factors related with adopted children, like prenatal alcohol exposure and a maintained state of deprivation (from no social or cognitive stimulation, to maltreatment). In addition, the prevalence and levels of ADHD symptoms are increased in children who have been institutionalized early life, because it can disturb the development of some brain regions, and children who have spent more time in these institutions (more than 6 months). We found that de prevalence of ADHD symptoms between adopted children with low level of deprivation were similar to the general population (5.6%), while individuals with high level of deprivation had over four times than the others (20%).

Conclusions: In conclusion, adopted children have more risk to develop ADHD, especially if they have been exposed to a serious deprivation, on a earlier age and six months minimum. We should put more attention in this population to act early and supply an appropriate development.

Conflict of interest: No

Keywords: attention-deficit hyperactivity disorder; adopted children; institutionalized; deprivation

EPV0740

Healthy lifestyle choices and self-esteem in russian and central asian university students

E. Nikolaev*

Ulianov Chuvash State University, Department of Social And Clinical Psychology, Cheboksary, Russian Federation

*Corresponding author.

Introduction: People living in different countries implement their healthy lifestyle choice in different ways, which may reflect the cultural context and their self-esteem.

Objectives: The goal of the research is to determine the specificity of healthy lifestyle choices and self-esteem in Russian and Central Asian university students.

Methods: The research is based on the survey of 152 students (mean age 20.6 ± 2.5) of Russian universities. The sample included 84 Russian students and 68 students from Uzbekistan, Tajikistan, Kyrgyzstan, and Turkmenistan. To identify healthy lifestyle choices, we used the Ashton et al. (2016) questionnaire while their self-esteem was assessed by Dembo-Rubinstein method.

Results: Central Asian students consume more fruit and vegetables ($p=0.032$). The average amount of alcoholic drinks consumed by Russian students is higher than that consumed by their Central Asian peers ($p=0.019$). Engaged in physical activity, Russian students consume sports foods more often ($p=0.002$), students from Central Asia show higher figures for smoking cigarettes ($p=0.013$) and hookah ($p=0.014$). Self-esteem index is higher in foreign students: they feel happier ($p=0.0001$), healthier ($p=0.0001$), more athletic ($p=0.037$), cheerful ($p=0.014$) and successful ($p=0.002$). Central Asian students also show a higher level of religious faith ($p=0.0001$).

Conclusions: With their higher self-esteem index, Central Asian students are inclined to healthy eating and to consuming psychoactive substances by means of smoking. Maintaining their physical fitness, Russian students are equally guided by cues for sports foods and alcoholic drinks. These differences may reflect the students' cultural background, which is necessary to take into account when developing health-promoting programs in universities.

Conflict of interest: No

Keywords: self-esteem; healthy lifestyle choices; University students; migration

EPV0742

Migration trauma, substance use and psychiatric features associated to suicide attempts and self-harm behaviours of detained migrants

C. Artoni¹, M. Marchi^{1*}, F. Magarini¹, F. Longo¹, C. Reggianini², D. Florio³, G. Galeazzi¹ and S. Ferrari¹

¹University of Modena and Reggio Emilia, Department of Biomedical, Metabolic And Neural Sciences, Modena, Italy; ²Ausl Reggio Emilia, Mental Health And Drug Abuse, Scandiano, Italy and ³Ausl Modena, Mental Health And Drug Abuse, Modena, Italy

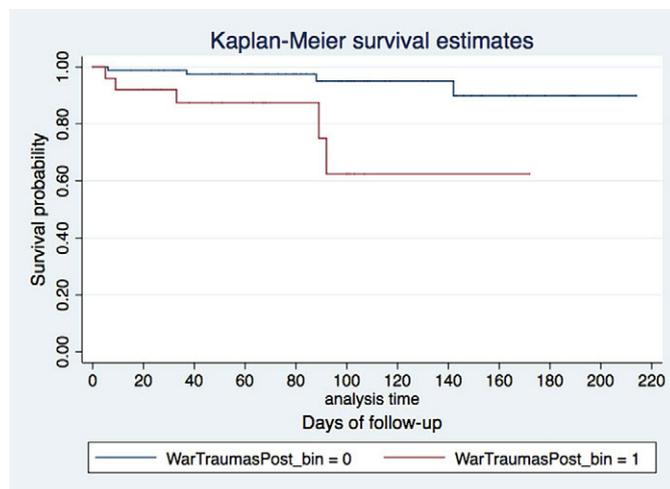
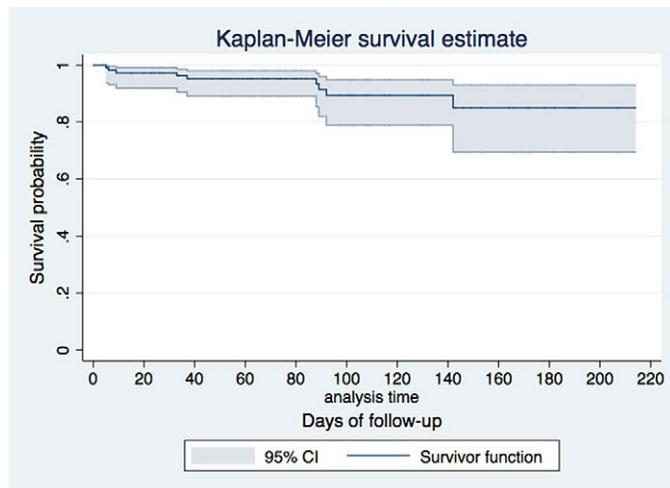
*Corresponding author.

Introduction: According to the WHO, detainees attempt suicide ten times more than the general population.

Objectives: To investigate the impact of migration traumas on suicide behaviours of migrants in jail and to explore how substance use and other psychiatric features affect this relation.

Methods: Prospective cohort study, conducted at "Sant'Anna" jail in Modena (Italy). Socio-demographic, psychiatric features and previous suicide attempts were collected, and traumas assessed with the LiMEs (List of Migration Experiences) checklist. Every participant was followed-up until an episode of suicide behaviour or to September 2019 (end of study). Survival analysis was performed. Cox's Hazard Ratios were used as a measure of association for the comparison between groups.

Results: We recruited 113 subject, 96% male, median age 33. Prevalence of mental disorders was 26% and substance abuse 59%. History of self-harm was present in 36% of the sample. Median follow-up time was 80 days. During follow-up, 11 events were observed (8 self-harm and 3 suicide attempts); cumulative survival probability was 85% (Figure 1). Having experienced



	Haz. Ratio	Std. Err.	z	P> z	[95% CI]	
Post-migration war trauma post-migration	5.168014	3.595867	2.36	.018	1.32149	20.2108
Substance abuse	7.80e+15
Psychiatric diagnosis	3.91014	2.9136	1.83	.067	.9076708	16.84442
Psychopharmacological therapy	1.103041	.7710946	.14	.888	.2802518	4.341449

traumas related to wars was significantly associated with suicide behaviours, HR: 5.168 (Figure 2, Figure 3). Interestingly, no subject without substance abuse presented the outcome.

Conclusions: Migrants in custody who experienced traumas in the post-migration periods, attempt suicide 5 times more frequently than those without traumas at any time. War traumas seem to be more strongly associated with suicide attempts, also controlling for psychiatric diagnosis, ongoing psychopharmacological therapy and substance abuse. Further research and possible intervention programs should focus on addressing post-migration living-difficulties.

Conflict of interest: No

Keywords: trauma; migration; Self-harm; Suicide

EPV0744

Clinical models in mental health care for multicultural societies and the specificities of french transcultural consultations. a narrative review.

L. Carballeira Carrera¹, M.R. Moro², I. López Álvarez³, J. Curto Ramos^{4*} and J. Lachal⁵

¹Niño Jesús University Children’s Hospital, Psychiatry And Clinical Psychology Department, Madrid, Spain; ²INSERM, Methods And Cultures, Aiep, Paris, France; ³HOSPITAL UNIVERSITARIO LA PAZ, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain; ⁴La Paz University Hospital, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ⁵APHP, Hôpital Cochin, Maison De Solenn, Paris, France

*Corresponding author.

Introduction: Inequity on mental healthcare access is a main problem for migrant population. In addition, migration-related factors may function as social determinants for mental health. It is necessary to adapt our services to the needs of this vulnerable population, currently accounted for 3.3 per cent of the world population. Cultural factors have an impact on the way that mental illness is conceptualized and could limit mental health care efficacy, if not taken into account.

Objectives: The aim of this study is to offer an international perspective of the different clinical models of mental health care for migrants, and to compare and uncover the specificities of the Transcultural Psychotherapy model in France.

Methods: Systematic electronic search of databases (PubMed and PsycINFO). The study included 28 papers.

Results: Most initiatives place emphasis on training, supervision or consultation, in an indirect approach not specifically focused on the patient, or offer cultural matching of patient and therapist.

Conclusions: Varied models lead to different methods of taking cultural diversity into account. The aim of these methods is to modify the framework of care, that is, the services provided, to search for a compromise between the patient and the therapist, etc. The French transcultural approach, on the contrary, is a complete psychotherapeutic method aimed at patients rather than at the framework of care. This approach is the only one makes the family’s culture and its cultural diversity an integral part of the therapy process.

Conflict of interest: No

Keywords: migrant families; mental healthcare; cultural diversity; Trans-cultural Psychiatry

EPV0746

Psychopathology in central american transmigrants as they pass through the southern border of mexico.

A. Lopez Salinas¹, F. Ramos Ruiz² and M. Ocoz Iruozqui^{3*}

¹TECNOLOGICO DE MONTERREY, Psychiatry, SALTILLO, Mexico; ²TECNOLOGICO DE MONTERREY, Psychiatry, MONTERREY, Mexico and ³Benito Menni CASM, Psychiatry, Sant Boi de Llobregat, Spain

*Corresponding author.

Introduction: Geographically, Hispanic migrants in the US UU. they come from Mexico, another 20 countries in the Caribbean, Central and South America, and Spain. Studies on mental

health and migration suggest a high prevalence of mental disorders in the migrant population, as well as important problems for their attention due to poor access to services.

Objectives: Analyze the presence of mental disorders according to the DSM-IV-TR.

Methods: The sample was made up of 71 people. The MINI International Neuropsychiatric Interview was applied.

Results: The women presented more depressive episodes compared to the men ($p = 0.048$), in addition, they presented more suicidal risk ($p = 0.028$). An association was found between the major depressive episode and the migrants who made the trip to escape violence in their country of origin (50%, $p = 0.046$) and also with economic motivations (30.9%, $p = 0.024$); presence of some negative event (55.6%, $p = 0.002$); abuse by authorities both physical (85.7%, $p = 0.010$) and economic (55.5%, $p = 0.013$) in addition, abuse by the population (72.7%, $p = 0.013$). We found an association between traumatic experiences in the country of origin and mild suicidal risk (33.3%, $p = 0.033$), and physical abuse by the authorities (28.6%, $p = 0.046$).

Conclusions: The main reasons or reasons why migrants make their trip are: the improvement in their economy for the most part, and to escape the violence they live in their country of origin.

Conflict of interest: No

Keywords: Migrants; mental health; Mexico; psychopathology

Neuroimaging

EPV0747

Brain activation patterns in fMRI with conventional and unconventional film narratives

L. Caballero (Sr)^{1*}, R. Fernández¹, M. García¹, C. Fernández^{2,3} and L. Caballero (Jr)³

¹HM CINAC, Servicio De Psiquiatría Y Psicología Clínica Hm Hospitales, Móstoles, Spain; ²HM Hospitales, Servicio De Radiodiagnóstico, Móstoles, Spain and ³Independent, -, Móstoles, Spain

*Corresponding author.

Introduction: A previous clinical study of this group (Caballero et al., 2019) suggested that the mental patterns activated by watching films with conventional or unconventional narratives (Bucland, 2009) are different, and that this difference may be useful in the rehabilitation of mental illness and other applications.

Objectives: To measure the effect of films on viewers' minds using inter-subject correlation of brain activity.

Methods: fMRIs were obtained in a group of 15 healthy volunteers who successively watched the surrealist short film "Le chien andalou" (Buñuel, 1929) and the more conventional "The lunch date" (Davidson 1989). Three main areas and networks were selected for comparison: the salience networks, the central executive networks and the default mode networks. fMRI scanning was performed on the same day with a 3 Tesla GE MR750W Discovery Scanner. The scanning sessions included 3DT1sequence, one of each paradigm, for each patient. All audiovisual stimuli were presented through MRI-compatible headphones and prism glasses. Inter-subject fMRIs correlation and other measures were performed between the two viewing.

Results: Pending study

Conclusions: Pending study.

Conflict of interest: No

Keywords: neuroimaging; neurocinematics; fMRI; inter-subject correlation

EPV0751

Psychotic disorder concurrent with dandy-walker malformation: case report

M. Martinez* and Z. Barba

Hospital Marina Baixa, Department of Mental Health-psychology, Villajoyosa, Spain

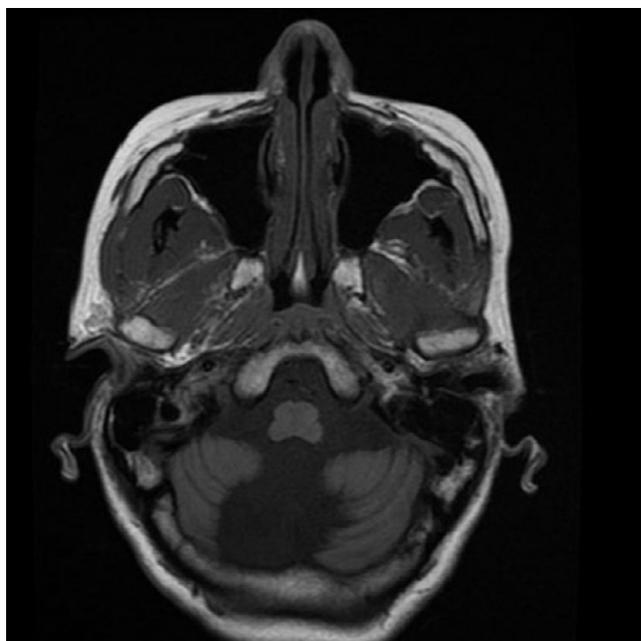
*Corresponding author.

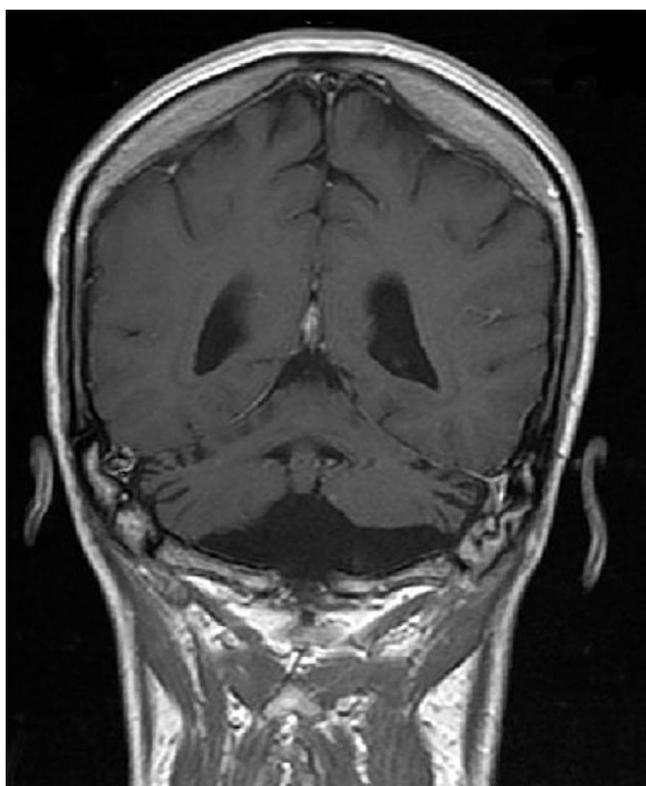
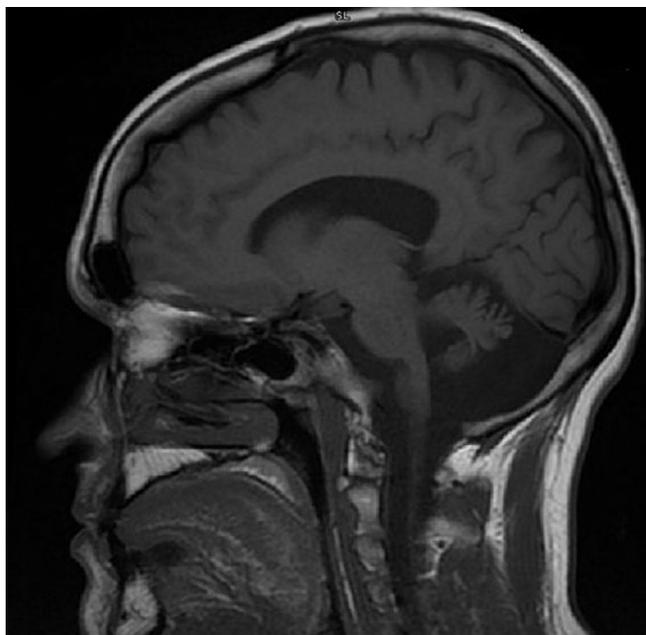
Introduction: Cerebellar lesions are in various mental disorders. Dandy-Walker malformation is a congenital disorder, characterized by cystic widening of the fourth ventricle, hypoplasia and agenesis of vermis and cerebellar hemispheres.

Objectives: Case report.

Methods: 39-year-old woman is admitted in the Psychiatric Unit for psychosis. Adaptive disorder at age 32, treated with escitalopram and alprazolam. Consultation due to delusional ideation of prejudice and self-referentiality limited only to his work environment, of 3years of evolution.

Serology, biochemistry, thyroid profile, vitamin B12, folic acid, hemogram and EEG with results within normal. Neuroimaging (brain MRI) are reported as: presence of a large extra-axial fluid collection at the level of the posterior fossa, which is associated with high insertion of the tentorium, as well as opening the posterior margin of the IV ventricle to this formation cystic; Discreetly ectatic ventricular system and hypoplasia of the vertex and cerebellar hemispheres. These findings are concordant with Dandy-Walker malformation. (Image 1, image 2, image 3). MCMII-III: valid profile with significant scores in "delusional disorder" and "anxiety disorder", as well as a predominance of schizoid, paranoid and avoidant traits. Treatment with paliperidone is started in progressively ascending do 9mg/day with improvement.





Results: Relationship between psychotic disorders and neurodevelopmental disorders has been developed. Spectrum of psychiatric symptoms possibly associated with Dandy-Walker Syndrome is wide and varied, however relationship is not yet clearly known. Cases are characterized by a debut in youth or early adulthood, symptomatic atypicality, higher prevalence of cognitive impairment and resistance to treatment.

Conclusions: Importance of neurodevelopment in mental pathology

Conflict of interest: No

Keywords: Dandy Walker malformation; Psychotic Disorder; Neurodevelopment; Cerebellum

Neuroscience in psychiatry

EPV0754

Examining vagal tone as a mechanism in gut-brain communication in major depressive disorder

E. Forth^{1*}, R. Milev², A. Chinna Meyyappan¹, E. Hawken³ and C. Wallace³

¹Providence Care Hospital, Psychiatry, Kingston, Canada; ²Queen's University, Psychiatry, Kingston, Canada and ³Providence Care Hospital, Queen's University, Psychiatry, Kingston, Canada

*Corresponding author.

Introduction: Recent therapeutics for Major Depressive Disorder have been developed to target the gut microbiome and its bidirectional communication with the enteric and central nervous systems. One proposed mechanism for these therapeutics is through the interaction of the gut microbiome with the vagus nerve, affecting vagal tone and activity. A non-invasive way to observe possible changes in vagus nerve activity and vagal tone is through monitoring of heart rate variability (HRV) using an ECG.

Objectives: The primary objective of this study is to investigate changes in HRV in individuals with depression before, during, and after supplementation with Probio' Stick® (Lallemand Health Solutions, Canada) and Microbial Ecosystem Therapeutic-2 (MET-2; Nubiyota, Canada). The secondary objective is to assess changes in EEG signals and their correlation with HRV in said individuals.

Methods: Participants will consist of individuals with mild to moderate depression taking part in ongoing randomized controlled trials investigating gut microbiome supplementation for depression. Over the course of 12 weeks, individuals will receive three ECGs and EEGs as well as be monitored for changes in their depressive symptoms.

Results: It is expected that changes in participant's HRV, as well as distinct EEG signal changes, will correlate with a decrease in depressive symptoms, thus giving insight into the mechanism of action for these therapeutics. It is also expected that these changes will be towards values seen in healthy controls.

Conclusions: The findings of this study may help elucidate the mechanism of action for microbial therapy in reducing depressive symptoms, leading to advances in the development of depression therapies.

Conflict of interest: No

Keywords: major depressive disorder; Electrophysiology; gut microbiome; Vagus Nerve

EPV0755

Delusion and depression in huntington disease as a neuropsychiatry paradigm.

J. Galvañ^{1*} and A. Noguero Alegre²

¹Hospital Universitari Son Espases, Psychiatry, Palma, Illes Balears, Spain and ²Hospital Son Espases, Psychiatry, palma, Spain

*Corresponding author.

Introduction: Stroke is one of the most common diseases in the emergency department, being the second most common cause of death and the fourth leading cause of disability worldwide. Neuropsychiatric manifestations following stroke have been reported, most commonly depression. Psychotic symptoms subsequent to stroke are rare and usually associated with poor outcomes and high mortality. Despite that, they are often underestimated, undiagnosed, and thus remaining undertreated.

Objectives: Brief description of a clinical case of poststroke psychosis, followed by a review of the different neuropsychiatric outcomes secondary to stroke.

Methods: Non-systematic review of literature collected from online medical databases under the keywords “stroke”, “cerebrovascular disease”, “neuropsychiatry” and “poststroke psychosis”.

Results: The authors report a case of an organic psychosis in a 72-year-old male with history of right hemisphere stroke ten months prior to admission in the psychiatric inpatient unit of Hospital Garcia de Orta. He presented with a two-month picture of gradual behavioural changes in the form of sexual disinhibition, irritability, persecutory and jealousy delusions, associated with heteroaggressivity directed at family members and neighbours. No cognitive changes were described by the family. After antipsychotic therapy (risperidone titrated up to 3 mg/day), progressive clinical improvement was observed, with full remission of psychotic symptoms, euthymic mood and recovered insight at discharge.

Conclusions: Neuropsychiatric outcomes following stroke are common and seriously impact quality of life. Poststroke psychosis typically occurs a few months after stroke, suggesting a window for early diagnosis and prompt treatment, which can reduce the morbidity and improve the quality of life of these patients.

Conflict of interest: No

Keywords: Neuropsychiatry; poststroke psychosis; stroke; delusions

EPV0759

Anti-NMDA (n-methyl-d-aspartate) receptor encephalitis presenting with unusual psychiatric symptoms

H.T. Tan* and N. Ravichandran

Institute of Mental Health, General Psychiatry, Singapore, Singapore

*Corresponding author.

Introduction: Anti-NMDA receptor encephalitis was first described in 2007¹. 80% of the patients diagnosed are female with initial presentation of psychiatric symptoms². Early detection and treatment is important as probability of full recovery decreases with disease progression³.

Objectives: Presentation of a case of unusual psychiatric symptoms in a patient with Anti-NMDA receptor encephalitis.

Methods: Case report

Results: A 33-year-old foreign woman with no past psychiatric and medical history, presented with acute change in behaviour, auditory hallucinations, paranoid delusions, poverty of speech, psychomotor retardation and poor oral intake. She was tried on two different antipsychotics. Two weeks later, she developed fever, tachycardia, neck stiffness and also generalised seizures and oro-facial dyskinesia. Cerebrospinal fluid examination was positive for NMDA receptor antibodies. She received steroids and intravenous immunoglobulins,

but developed ileus due to autonomic dysfunction and hypokalaemia. She also required tracheostomy and naso-gastric tube feeding. Upon family's request, she was discharged to her home country.

Conclusions: Initial suspicion of anti-NMDA receptor encephalitis should be raised and early auto-immune workup performed in patients presenting with acute onset of psychosis especially in young females with no past medical or psychiatric history. References Dalmau et al. Paraneoplastic anti-NMDAR encephalitis associated with ovarian teratoma. *Ann Neurol.* 2007;61(1): 25-36. Maat et al. Psychiatric phenomena as initial manifestation of encephalitis by anti-NMDAR antibodies. *Acta Neuropsychiatr.* 2013; 25(3): 128-136 Dalmau et al. Clinical experience and laboratory investigations in patients with anti-NMDAR encephalitis. *Lancet Neurol.* 2011;10(1):63-74.

Conflict of interest: No

Keywords: outcome; symptoms; NMDA receptor encephalitis; Neuropsychiatry

EPV0761

Neurocognitive deficits in mental pathology in children and adolescents. Luria's approach.

N. Zvereva^{1*}, A. Sergienko¹ and E. Balakireva²

¹Mental Health Research Center; Moscow State University of Psychology and Education (MSUPE), Clinical Psychology; Neuro- And Pathopsychology Of Development, Moscow, Russian Federation and ²Mental Health Research Center, Department of Child Psychiatry, Moscow, Russian Federation

*Corresponding author.

Introduction: Classical ideas about the structural and functional blocks of the brain according to A.R.Luria formed the basis of the study. Determination of the frequency of occurrence of functional deficit/insufficient functioning (neurocognitive deficit) in each structural and functional block of the brain in children and adolescents with endogenous mental pathology connecting with diagnoses is of great interest.

Objectives: Assessment distribution of neurocognitive deficits associated with each of the 3 structural and functional blocks of the brain (SFBB1-3) in children and adolescents with endogenous mental pathology (different clinical diagnosis).

Methods: Subjects: 78 patients (52 boys, 26 girls, average age 11.3 ± 2). Patients diagnoses include: F21, F20.8, F23, F84.x, F4x, F9x, F3x, F5x, F06 (ICD-10). The majority of patients (59 people) were diagnosed F21 (schizotypal personality disorder) and F20.8 (schizophrenia of childhood type). Methods. Neuropsychological examination with the “battery” of Luria-Tsvetkova, modified for working with mentally ill children and adolescents [Zvereva et al., 2017; Sergienko, 2017]. The deficits/dysfunctions of the corresponding brain block were scored.

Results: 66% of patients showed deficiency of SFBB-1 (61%-F21.x, 87%-F20.8, 52%-other diagnoses). Deficits/dysfunctions of SFBB-2 were detected in 35% of all patients (22%-F21.x, 69% - F20.8, 21% - other diagnoses), deficits/dysfunctions of SFBB-3 - 35% of all patients (14%-F21.x, 83%-F20.8, 22%-other diagnoses).

Conclusions: Functional insufficiency frequency indicates significant problems with 1 block of the brain in all diagnostic subgroups. The greatest manifestation of neurocognitive deficits in all blocks was found in the group of childhood schizophrenia.

Conflict of interest: No

Keywords: endogenous mental disorders; A.R.Luria's approach; neuropsychological assessment; Children

EPV0762

The complex use of anticonvulsant therapy and a machine-learning-based software package for patients with various forms of seizures.

S. Moroz^{1*}, I. Makarova¹, V. Semenikhina², R. Khaitov¹ and N. Turishcheva¹

¹Dnipropetrovsk Regional Clinic Hospital named after I.I.Mechnikov, Psychosomatic Center, Dnepr, Ukraine and ²Dnipropetrovsk Regional Clinic Hospital named after I.I.Mechnikov, Psychosomatic Center, Днепр, Ukraine

*Corresponding author.

Introduction: The complex use of anticonvulsant therapy and a machine-learning-based software package for patients with various forms of seizures makes it possible to control the number of seizures and warns of the possibility of their occurrence.

Objectives: The goal of anticonvulsant therapy is the complete cessation of seizures without neuropsychic and somatic side effects and the provision of pedagogical, professional and social adaptation of the patient. The created device helps to control therapy, prevent physical damage during an attack and prevent personality changes. Non-pharmacological treatment includes the use of a software package for the analysis of physiological, psycho-vegetative and social data collected using smart bracelets and smartphones. The importance in this period belongs to compliance with the treatment regimen. It is noted that with the abolition of part of the treatment, the likelihood of convulsive attacks increases sharply. The earlier and more effectively is the suppressed epileptic activity in the brain, the more favorable the prognosis for achieving prolonged remission, stopping the progression of the process and the possibility of the disappearance of the symptoms of the disease.

Methods: The software package collects patient data using smart bracelets and smartphones, this data using an analytical model and machine learning and notifies the patient and the physician.

Results: It becomes possible to adjust psychopharmacotherapy at an early stage of the occurrence of epilepsy and the stage of exacerbation of the condition.

Conclusions: Comprehensive strategies, including IT technologies used in conjunction with pharmacotherapy, improve compliance, reduce the risk of relapse, and help maintain social functioning in patients.

Conflict of interest: No

EPV0763

Screen use and neuro-psychological functions in 10-12 year-old children in monteria city colombia

M.N. Muñoz Argel^{1*}, E. Ruiz Gonzalez¹, A. Romero Otalvaro¹, A. Uribe Urzola¹ and J. Vélez Carvajal²

¹Universidad Pontificia Bolivariana, Psicología, Monteria, Colombia and ²Universidad Pontificia Bolivariana, Social Communication, Monteria, Colombia

*Corresponding author.

Introduction: Since the adolescence evolutionary process almost implicitly brings, potentialities and vulnerabilities, nowadays, new risks arising from the incorporation of new technologies and screen consumption by children and adolescents are to be added. According to Bringue and Sadaba (2009), continuous development of information and communication technologies (ICT) poses a communicative stage full of risks and opportunities.

Objectives: This study mainly aimed at establishing relationships between neuro-psychological functions of boys and girls from 10 to 12 years old, split into three socio-economic clusters, based on their screen interaction

Methods: A cross-sectional study of correlational scope was carried out in 90 children (n = 90) with the same proportion of boys and girls. Infant neuropsychological Test (PINT) Ardila, et al, (2004) and a questionnaire inquiring about types of screens chosen, genre preference, content, frequent use, parental control and sociodemographic aspects in general were used as measurement instruments.

Results: remarkably evidenced statistically significant correlations of negative magnitude between variables: time of screen use and PINT dimensions (0.01).

Conclusions: This research study allowed to conclude that participants who use screens for two or more hours a day, obtained low performance in the auditory attention tests, verbal-auditory memory and construction skills (drawing of a human figure) and a normal performance - high in tests of visual memory and visual attention.

Conflict of interest: No

Keywords: Screens; neuropsychological functions; boys and girls.

EPV0765

Neuropsychiatric symptoms of huntington's disease

N. Santos^{1*}, A. Alho¹, C. Santos², R. Gasparinho¹, L. Ferreira¹, M. Martins¹, N. Fernandes¹ and E. Sêco¹

¹Hospital Distrital de Santarém, Psychiatry And Mental Health, Santarém, Portugal and ²Centro Hospitalar Lisboa Ocidental, Psychiatry And Mental Health, Lisboa, Portugal

*Corresponding author.

Introduction: Huntington's Disease (HD) is an incurable neurodegenerative disorder. It is the most frequent cause of hereditary chorea and is characterized by a triad of motor, cognitive and neuropsychiatric symptoms with indolent progression.

Objectives: To review the neuropsychiatric symptoms of HD, focusing on clinical features and management difficulties.

Methods: Literature research using "PubMed" database with MeSH term "Huntington Disease [Mesh]" combined with key term "neuropsychiatric symptoms". Restricted to review articles written in English, published over the last 5 years. Total of 161 results; 25 articles selected.

Results: Neuropsychiatric symptoms can precede the appearance of chorea in HD. These symptoms differ from patient to patient, and can change and relapse over time. The most common neuropsychiatric symptoms in HD are apathy, depressed humour, anxiety, lack of insight, disinhibition, impulsivity, irritability and aggressive behaviour. Suicide rate is near 5-10 times higher than the general population, being the second cause of death in HD. Neuropsychiatric symptoms

contribute to an increase in functional dependence, leading to social isolation and decrease of quality of life. They are also reported to be the most troublesome for relatives and caregivers. Evidence-based pharmacological and non-pharmacological treatments for neuropsychiatric symptoms in HD are sparse and treatment guidelines are lacking. Therefore, off-label use of psychotropic medication is the only therapeutic possibility nowadays.

Conclusions: Neuropsychiatric symptoms are a core feature of HD and have a severe impact in patient's daily life. An incisive approach of these symptoms is required to prolong the patient's functionality, so the development of specific treatments for HD is mandatory in the future.

Conflict of interest: No

Keywords: Neuropsychiatric symptoms; Huntington's Disease

EPV0766

Hashimoto's encephalitis with psychotic symptoms – a case report

N. Santos*, A. Alho, L. Ferreira, N. Fernandes, R. Gasparinho, M. Martins and E. Sêco

Hospital Distrital de Santarém, Psychiatry And Mental Health, Santarém, Portugal

*Corresponding author.

Introduction: Hashimoto's encephalitis (HE) is an autoimmune neuropsychiatric disorder. It can masquerade as a psychiatric condition when obvious signs of encephalitis are absent. High clinical suspicion is required to avoid treatment delays, as early-initiated immunotherapy is the key for a favorable prognosis.

Objectives: The aim of this study is to present a case-report of Hashimoto's encephalitis which presented with psychotic symptoms.

Methods: Literature research conducted using "PubMed" database. Search equation built using the MeSH terms "Hashimoto Disease" AND "Psychotic Disorders", restricted to articles written in English. Total of 19 results; 9 articles excluded. Information regarding the clinical case obtained by consulting the patient's file.

Results: Woman, 65 years old. Followed as a psychiatry outpatient for a depressive episode, with progressive improvement of the affective symptoms. Started expressing persecutory delusions. Anxious humor. Lack of insight. Initiated treatment with an atypical antipsychotic, and symptoms showed no improvement. The work up showed only markedly elevated antibodies against thyroid peroxidase and thyroglobulin. The diagnosis of Hashimoto's encephalitis (HE) was made. She was referenced for a liaison neurology evaluation. Started treatment with prednisolone and the symptoms strikingly improved. Asymptomatic after 3 months, returning to her basal functioning. Maintained follow-up and was discharged after a year.

Conclusions: HE is a challenging diagnosis since it can masquerade as a functional psychotic disorder. This case illustrates not only the importance for psychiatrists to be aware of the possibility of autoimmune encephalitis in patients with refractory psychotic symptoms but also the need of a multidisciplinary approach in treating patients with neuropsychiatric conditions.

Conflict of interest: No

Keywords: Hashimoto's encephalitis; encephalitis; neuropsychiatric disorders

EPV0767

The effects of camelina sativa seed extract in a complex irritable bowel syndrome mice model, focussing on preliminary correlations between lipid peroxidation and behavioral parameters

I.M. Balmus^{1*}, R. Cojocariu², R. Lefter³, L. Hritcu⁴, D. Ababei⁵, A. Ciobica^{3,6,7}, D. Copolovici⁸, L. Copolovici⁸, S. Copaci⁹ and S. Jurcoane^{7,9}

¹Alexandru Ioan Cuza University of Iasi, Department of Interdisciplinary Research In Science, Iasi, Romania; ²Alexandru Ioan Cuza University of Iasi, Biology, Iasi, Romania; ³Romanian Academy, Center Of Biomedical Research, Iasi, Romania; ⁴"Ion Ionescu de la Bra" University of Agricultural Science and Veterinary Medicine, Veterinary Medicine, Iasi, Romania; ⁵Facultatea de Medicina si Farmacie Grigore T. Popa, Pharmacology, Iasi, Romania; ⁶"Alexandru Ioan Cuza" University of Iasi, Research, Iasi, Romania; ⁷Academy of Romanian Scientists, Science, Bucharest, Romania; ⁸Aurel Vlaicu" University, Natural Sciences, Arad, Romania and ⁹Faculty of Biotechnology, University of Agronomic Sciences and Veterinary Medicine, Biotechnology, Bucharest, Romania

*Corresponding author.

Introduction: Irritable bowel syndrome (IBS) is one of the most frequent functional gastrointestinal disorders. The multifactorial approach suggests that oxidative stress is a major component in IBS development. Considering the multifaceted mechanisms and dysregulations occurring in IBS, a possible interaction between central nervous system and gastrointestinal tract could partially explain the IBS symptoms modulation through physiological and psychological stress in animal models.

Objectives: In this way, we previously described the possible implications of cognitive and oxidative stress impairments in IBS. In this study, we aimed to evaluate the antioxidant potential of Camelina sativa seeds extract and the possible interaction between the oxidative and behavioural changes in a complex IBS mice model.

Methods: Neonatal mice experienced maternal separation (PN1-14), contention stress (PN90-92) and multifactorial stress (PN90-95). Camelina sativa extract was administered (PN98-101). Following behavioural assessment, brain and bowel tissues were collected and subjected to biochemical assessment (thiobarbituric acid-reactive substances determination).

Results: Camelina sativa extract administration lead to decreased MDA levels, as compared to control group ($p < 0.05$). Furthermore, linear regression statistical analyses showed correlations between lipid peroxidation marker and some behavioural parameters. In this way, we observed that Camelina sativa seeds extract could exhibit antioxidant potential in a complex IBS mice model. Moreover, it seems that the oxidative stress changes could be interacting with the behaviour, in the context of Camelina sativa seeds extract administration.

Conclusions: Our study provides additional evidence that Camelina sativa seeds extract could exhibit antioxidant potential in a complex IBS mice model. Furthermore, we observed that the oxidative stress and behavioural changes could be correlated.

Disclosure: Balmus Ioana - Miruna, Lefter Radu, Alin Ciobica are supported by a Young Research Teams supporting research grant PN-III-P1-1.1-TE2016-1210, named “Complex study on oxidative stress status, inflammatory processes and neurological manifestations correlati

Keywords: oxidative stress; functional gastrointestinal disorder; animal behavior

EPV0768

Microbiome-dependent antioxidant, gastrointestinal and neurological modulation of irritable bowel syndrome symptomatology

I.M. Balmus^{1*}, R. Cojocariu², O. Ilie², R. Lefter³, A. Ciobica^{3,4,5}, A. Trifan⁶ and C. Stanciu³

¹Alexandru Ioan Cuza University of Iasi, Department of Interdisciplinary Research In Science, Iasi, Romania; ²Alexandru Ioan Cuza University of Iasi, Biology, Iasi, Romania; ³Romanian Academy, Center Of Biomedical Research, Iasi, Romania; ⁴“Alexandru Ioan Cuza” University of Iasi, Department of Research, Iasi, Romania; ⁵Academy of Romanian Scientists, Science, Bucharest, Romania and ⁶Gr. T. Popa University of Medicine and Pharmacy, Medicine, Iasi, Romania

*Corresponding author.

Introduction: Irritable bowel syndrome (IBS) is a multifactorial, multigenic and environmental-dependent disorder exhibiting a wide range of functional gastrointestinal symptoms. IBS pathophysiology includes the immune system activation, disturbance of intestinal function accompanied by inflammatory process and dysbiosis which lead to brain-gut axis impairments. The bidirectional brain-gut communication contribution is suggested by comorbidity between gastrointestinal and psychiatric illnesses.

Objectives: Given that the microbiome was recently described as a key modulator in mood and brain development, neurodegeneration, ageing, inflammatory processes and oxidative stress, our main goal was to review the existing data that addresses this topic of high interest, the relationship between microbiome and antioxidant, gastrointestinal and neuropsychiatric modulation in IBS.

Methods: The literature search was conducted using the keywords “irritable bowel syndrome”, “microbiome”, “gut-brain axis” “stress”, “depression”, “behavior”, “antioxidants” in Science Direct, Oxford Journals, Medline and Google Scholar databases. Only English publications have been taken into consideration. This inquiry was conducted by three separate researchers. Any differences of opinions were solutioned by common consent.

Results: Mood disorders, also modulated by the microbiome, affect more than half of IBS patients, antidepressants being commonly administered to IBS patients for both gastrointestinal and neuropsychiatric symptoms. However, it was observed that the changes in gut microbial species could lead to several gastrointestinal and neuropsychiatric symptoms. Moreover, the microbiota impairments could lead to colonic cells and systemic inflammatory processes and oxidative stress.

Conclusions: The discussed modulatory potential of microbiome in gastrointestinal tract, nervous system and molecular pathways suggested that the microbiome –gut–brain axis could be the key component in an IBS future treatment.

Disclosure: PN-III-P1-1.1-TE2016-1210, named “Complex study on oxidative stress status, inflammatory processes and neurological

manifestations correlations in irritable bowel syndrome pathophysiology (animal models and human patients)”

Keywords: Microbiome; oxidative stress; neuropsychiatric comorbidities; Irritable bowel syndrome

EPV0770

Preventing the progression of cognitive impairments in epilepsy

I. Blazhina^{1*} and V. Korostiy²

¹Bucovinian State Medical University, Department of Nervous Diseases Psychiatry And Medical Psychology, Chernivtsi, Ukraine and ²Kharkiv National Medical University, Department of Psychiatry, Narcology And Medical Psychology, Kharkiv, Ukraine

*Corresponding author.

Introduction: Varying different degrees of cognitive impairments have a considerable effect on the functioning of patients, their socialization, and the level of disability. Cognitive deficits deteriorate the quality of patients life.

Objectives: The aims of research were detection of versatile cognitive impairments in epilepsy and studying the results of cognitive training.

Methods: We studied the features of Clinical and psychopathological manifestations in patients suffering from epilepsy. The study covered 100 patients (35 men and 65 women) who were in inpatient care. The following psychodiagnostic techniques were used: the Toronto Cognitive Assessment TorCA, the test of 10 words of Luria, the MOCA test, the Münsterberg test, the quality of life scale, the Hamilton scale of depression and anxiety.

Results: The following results of the study were observed: decreased memory in 88 % patients, mild dementia in 48%, moderate dementia in 24% and severe dementia in 16%. We used non-pharmacological rehabilitation methods for correction of cognitive impairment with patients who have mild and moderate memory decreas.

Conclusions: The results of the conducted research indicate the need for further study of the features of cognitive disorders in epilepsy and implementation of training aimed at improving cognitive function and preventing the progression of cognitive impairment.

Conflict of interest: No

Keywords: Cognitive disorders; Epilepsy

EPV0771

Comparison of visual p300 amplitude and latency in people with schizophrenia and bipolar disorder

A. Cavieres^{1*}, V. Koscina², L. Zepeda², R. Maldonado², P. Prado² and W. El-Deredy²

¹Universidad de Valparaiso, Psiquiatria, Viña del Mar, Chile and

²Universidad de Valparaiso, Psiquiatria, Valparaíso, Chile

*Corresponding author.

Introduction: Reduction in the amplitude of P300, is found more frequently in the auditory mode but has also been reported using visual stimulus in people with schizophrenia. Previous research may imply that visual P300 alterations are specific markers of schizophrenia, but they have small sample sizes, and few make comparisons with other psychiatric disorders.

Objectives: To compare the amplitude and latency of visual P300, in people with schizophrenia, bipolar disorder and a control group from Valparaiso, Chile.

Methods: Study protocol was approved by the Ethics Committee of the Valparaiso San Antonio Health Service. Sample consisted of 17 controls, 13 subjects with bipolar disorder and 17 with schizophrenia (18-55 years, both genders). Potentials were registered with a 64 -electrode cap, following the standard 10-20 system. Stimulus consisted in the presentation of 3 visual stimuli, triangles containing real contours (infrequent target stimulus), triangles containing illusory contours, and "no figures" images (distractors). Subjects were instructed to give a yes or no answer on a keyboard, depending on whether or not they saw the real triangle. Illusory and distractor conditions were presented 60 times each, while the target, real triangle only 30. Series were repeated with a total duration of 20 minutes

Results: There were statistically significant differences in the amplitude of P300 between the clinical population and the controls, but not between people with schizophrenia and bipolar disorder.

Conclusions: We found a decrease in the amplitude of visual P300 wave in subjects with a severe psychiatric disorder. However, this alteration was not specific to schizophrenia.

Conflict of interest: No

Keywords: visual P3; schizophrenia; Bipolar disorder

EPV0777

Brain connectivity changes after long-term alcohol abstinence

A. Martínez Maldonado^{1*}, R. Jurado Barba¹, A. Sion², I. Domínguez Centeno¹ and G. Rubio Valladolid²

¹Camilo José Cela University, Psychology Department, Villanueva de la Cañada, Spain and ²12 de Octubre Hospital, Psychiatry, Madrid, Spain
*Corresponding author.

Introduction: There is evidence of the alcohol negative effects on the brain, where neuroimaging and psychophysiological studies found anatomical and functional connectivity changes associated with the dependence process. Nevertheless, fewer studies explore the anatomical and functional connectivity changes related to the recovery process.

Objectives: This work aims to evaluate brain functional connectivity of short- and long-term abstinence alcohol use disorder (AUD) individuals, in resting-state.

Methods: For this study, we included individuals diagnosed with AUD with short-term (< 2 months of abstinence; N = 17) and long-term (8 < months of abstinence; N = 16) abstinence and healthy individuals (N = 15). EEG activity was recorded in 3 minutes eyes-closed resting state. EEG activity was preprocessed, and functional connectivity was computed through the Phase Lag Index (PLI).

Results: On the one hand, short-term abstinence individuals showed lower anterior-posterior alpha-phase synchronization compared to healthy individuals. On the other hand, short-term abstinence individuals showed lower right/anterior-left/posterior alpha-phase synchronization compared to long-term abstinence individuals. In the case of beta-phase synchronization, there was not found significant differences.

Conclusions: The alpha-phase lower synchronization in short-term abstinence AUD individuals could be a manifestation of weak coupling between different brain networks involved in generating

oscillations in this frequency band, as a consequence of the recent start of the abstinence period. Nevertheless, this weak networks coupling seems to be strengthened as a consequence of the abstinence maintenance, reflected by the absence of differences between long-term AUD and healthy individuals.

Conflict of interest: No

Keywords: Alcohol; abstinence; EEG; Recovery

EPV0778

Teaching psychopharmacology to residents using research domain criteria: an ongoing exploration

L. Mehl-Madrona^{1*}, B. Mainguy¹ and P. Mcfarlane²

¹University of Maine, Graduate School, Orono, United States of America and ²University of New England/Eastern Maine Medical Center, Family Medicine Residency, Bangor, United States of America
*Corresponding author.

Introduction: Criticism of the Diagnostic and Statistical Manual and of the International Classification of Disease diagnoses is increasing due to the lack of grounding of these schemes in neuroscience or biomarkers.

Objectives: We present an ongoing exploration into using current neuroscience to guide psychiatric prescribing.

Methods: We consider the neural circuitry of default mode network; salience network; attention network; sadness network; executive function network, seeking/reward system and more. We classify drugs into categories by what they do – act on serotonin systems, norepinephrine systems, cholinergic systems, dopaminergic systems, GABA-systems, glutamate, sodium-gated voltage channel. This classification shows us a wide overlap among drugs and helps explain how a number of different categories of drugs treat the same diagnosis. We advocate that we treat symptoms and not diagnoses, and we look at the symptoms produced by dysfunctions (overactivity or underactivity) of brain circuits. We link drugs with circuits they may affect and symptoms they may modify. Finally, we emphasize that drugs within a particular class may be more often distinguished by side effects than by efficacy.

Results: Since adopting this approach, our general practice trainees have become more facile in prescribing and managing drugs from all classes. Referrals to psychiatrists have dropped over 90%, which is good since we have a one-year waiting list for psychiatric consultations in our region.

Conclusions: A Research Domain Criteria approach to prescribing psychiatric medication can be implemented in a general practice training setting and successfully allow general practice trainees to manage comfortably the more severe mental illnesses.

Conflict of interest: No

Keywords: Psychiatric Prescribing; Neural Circuitry; Training of Residents; Research Domain Criteria

EPV0779

Childhood maltreatment, social cognition and functionality in healthy adults

N. Fares-Otero¹, P. Fernandez Cancer¹, A. Garcia Lopez¹, E. Rodriguez Toscano² and R. Rodriguez-Jimenez^{1,2*}

¹Department of Psychiatry, Instituto De Investigación Sanitaria Hospital 12 De Octubre (imas12), Madrid, Spain and ²CIBERSAM,

Biomedical Research Networking Centre In Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Childhood maltreatment (CM) not only influences child's cognitive functioning and psychological wellbeing, but also domains of social development in individuals with major psychiatric disorders. However, less is known about how CM affects social cognition and functionality in healthy adults.

Objectives: To assess the relationship between CM, social cognition and functionality in healthy adults.

Methods: Sixty-three participants (Mean age = 28.1, SD = 7.1 years old, Male = 46%) were evaluated using the Childhood Trauma Questionnaire (CTQ), Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT), Internal Personal and Situational Attributions Questionnaire (IPSAQ), Theory of Mind pictures stories (ToM) and WHO Disability Assessment Schedule (WHODAS 2.0).

Results: Physical and emotional abuse were negatively related with emotion facilitation ($r = -.42, p = .001$; $r = -.26, p = .042$), externalization bias ($r = -.42, p = .001$; $r = -.33, p = .011$) and functionality ($r = -.33, p = .001$; $r = -.26, p = .049$). Physical neglect was negatively related with externalization bias ($r = -.31, p = .002$), functionality ($r = -.45, p = .000$) and positively with negative internal attributional style ($r = .31, p = .018$). Emotional neglect was negatively related with functionality ($r = -.29, p = .027$). Sexual abuse was negatively related with emotional processing ($r = -.28, p = .033$), detecting deception ($r = -.27, p = .037$) and positively with negative internal attributional style ($r = .34, p = .009$).

Conclusions: Maltreatment during childhood seems to be associated with altered social cognition and low functionality in healthy adults.

Conflict of interest: No

Keywords: Child abuse; social cognition; functionality; adulthood

EPV0781

Comorbid neuropsychiatric and endocrine disorders upon prenatal exposure to ionizing radiation

O. Kaminskyi¹, K. Loganovsky^{2*}, V. Talko³, D. Afanasyev¹, T. Loganovska², G. Lavrenchuk³, O. Kopylova¹, I. Chikalova¹, I. Muraviova¹, O. Tepla¹ and I. Kiselyova⁴

¹State Institution "National Research Centre for Radiation Medicine of National Academy of Medical Sciences of Ukraine, Department of Radiation Endocrinology, Institute of Clinical Radiology, Kyiv, Ukraine; ²State Institution "National Research Centre for Radiation Medicine of National Academy of Medical Sciences of Ukraine, Department of Radiation Psychoneurology, Institute of Clinical Radiology, Kyiv, Ukraine; ³State Institution «National Research Center for radiation Medicine of the National Academy of Medical Sciences of Ukraine», Department of Radiobiology, Institute of Experimental Radiology, Kyiv, Ukraine and ⁴Kyiv City Clinical Endocrinological Center, Advisory Outpatient Clinic, Kyiv, Ukraine

*Corresponding author.

Introduction: Exposure to ionizing radiation in prenatal period emerged as a consequence of the wide-scale accidents at Chernobyl and Fukushima Daiichi nuclear power plants (NPP). Number of such cases accounts to several thousand. In contrast to such diseases as thyroid cancer, leukemia, or solid cancers the non-cancer radiation effects are generally studied to a lesser extent.

Objectives: Identification of neuropsychiatric and comorbid health consequences of prenatal radiation exposure in the Chernobyl NPP accident survivors

Methods: The neuropsychiatric, neuro- and psychometric, neuropsychological, neurophysiological, clinical (including hormonal assay and diagnostic imaging), dosimetric, and statistical methods were applied. Persons exposed to ionizing radiation in prenatal period (n=61) and matched not exposed subjects (n=597) were involved in the study.

Results: Along with a trend to an increased incidence of neurocognitive deficits, emotional and behavioral disorders, neurological deficits and decreased cerebral bioelectric activity the significant endocrine disorders were revealed. The latter featured an increase in the incidence of non-malignant thyroid disease (non-toxic nodal goiter, chronic autoimmune thyroiditis) and a range of parathyroid disorders. Parathyroid hyperplasia was diagnosed in the ~30% of exposed cases at the background of vitamin D deficiency in ~80% of them.

Conclusions: Combined exposure from external gamma-radiation and incorporated radioactive substances in prenatal period resulted in a spectrum of non-cancer health effects in the Chernobyl NPP accident survivors. Significant incidence of comorbid neuropsychiatric and endocrine disorders is an important issue here being a topic of the on-going research.

Conflict of interest: No

Keywords: brain; parathyroids; endocrine system; ionizing radiation

EPV0784

Cerebro-ophthalmic effects of ionizing radiation: a follow-up study

K. Loganovsky^{1*}, P. Fedirko², D. Marazziti³, K. Antypchuk¹, T. Babenko⁴, S. Masiuk⁴, N. Garkava⁵, T. Loganovska¹, R. Dorichevska⁴, K. Kuts¹, I. Petruchuk¹ and G. Kreinis¹

¹State Institution "National Research Centre for Radiation Medicine of National academy of Medical Sciences of Ukraine, Department of Radiation Psychoneurology, Institute of Clinical Radiology, Kyiv, Ukraine; ²State Institution "National Research Centre for Radiation Medicine of National academy of Medical Sciences of Ukraine, Institute For Health Physics And Dosimetry, Kyiv, Ukraine;

³University of Pisa, Clinical and Experimental Medicine, Pisa, Italy;

⁴State Institution "National Research Centre for Radiation Medicine of National academy of Medical Sciences of Ukraine, Institute For Health Physics And Epidemiology, Kyiv, Ukraine and ⁵State Institution "Dnipropetrovsk Medical Academy of the Ministry of Health of Ukraine", Neurology And Ophthalmology, Dnipro, Ukraine

*Corresponding author.

Introduction: Radiation accidents, long-term space flights and interventional radiological procedures may induce detrimental brain and ophthalmic effects.

Objectives: The aims of our studies are at exploring long-term potential brain and ophthalmic effects of ionizing radiation (IR) in a group of Chernobyl clean-up workers (liquidators).

Methods: The randomized sample (n=198) of Chernobyl catastrophe clean-up workers (liquidators) and 110 non-exposed control subjects were examined with a battery of neuropsychiatric, psychometric, neuropsychological, psychophysiological methods, including visual sensory and cognitive evoked potentials. The cohort ophthalmological follow up study of 2892 liquidators were.

Results: Our findings showed that of neuropsychiatric pathology increased ($P < 0.001$) in parallel with with radiation dose. Even cognitive impairment at doses > 0.3 Sv was dose-dependent ($r = 0.4-0.7$; $P = 0.03-0.003$). Depression and neurocognitive deficit were more severe at higher doses (≥ 50 mSv). Disturbed brain

information processes lateralized to the Wernicke's area were observed at doses >50 mSv. There is an increasing latency and decreasing of amplitude of cognitive visual potentials in liquidators, and eye vascular pathology as the most early and widespread radiation effect, namely retinal angiopathies and premature development of retinal angiostclerosis. Relative risk of retinal angiopathy morbidity is 1.65 (1.02; 2.67) at $\chi^2 = 4.15$; $p = 0.041$.

Conclusions: According to, our observations, IR represents a significant risk factor for the development of neurocognitive-behavioural disorders, that may be accompanied also by vascular ophthalmological disturbances, such as retinal angiopathias).

Conflict of interest: No

Keywords: Chornobyl catastrophe; ionizing radiation; interventional radiologists; vascular ophthalmological dis

Obsessive-compulsive disorder

EPV0789

Clinical management in posnatal obsessive compulsive disorder. A case report.

I. Ximenez De Embun, M.F. Mantilla Reyes*, A. Roca Lecumberri, N. Fernandez Gomis, E. Roda Guillen, J. Pinzon Espinosa, E. Sole Roige and L. García – Esteve

Hospital Clínic de Barcelona, Institut Clínic De Neurociencies (icn).
Unidad De Salud Mental Perinatal, Barcelona, Spain

*Corresponding author.

Introduction: The Obsessive Compulsive Disorder (OCD) affects 1.2% of the general population; nevertheless the evidence suggests that postnatal OCD reaches a frequency of 4-9%.

Objectives: - Perform a literature search about the psychotherapeutic and psychopharmacological intervention in the treatment of postpartum OCD. - Report a case about OCD clinical management.

Methods: - A narrative review of the literature published, was carried out in the database MEDLINE (PubMed) between 2013 and 2018. - We describe psychotherapeutic intervention in a case of OCD in a postpartum woman.

Results: A 47-year-old woman with a history of OCD, in treatment with fluoxetine 40mg/d, admitted to the Obstetrics Unit for severe pre-eclampsia and intrauterine growth restriction. They request psychiatric assessment due to exacerbation contamination obsessive ideas; as well as bizarre ideas consistent in pain transmission to the baby through breathing, which avoids physical contact with her baby. It is diagnosed as an OCD puerperal decompensation with severe involvement in maternal care. The fluoxetine dose is increased to 60mg/d and it is established risperidone 0.5mg/night. Likewise, a coordinated intervention is carried out by the Perinatal Mental Health Unit and Neonatology being able to optimize psychopharmacological treatment and focusing psychotherapeutic intervention on baby exposure at the Neonatal ICU and later at Mother-Baby Day Hospital.

Conclusions: The literature shows that certain aspects of the postpartum period should be considered in therapeutic decisions such as psychopharmacological treatment, breastfeeding or the involvement of affective-behavioral symptoms in the baby interaction and the consequent bond establishment. Specific and specialized intervention programs are necessary for severe perinatal OCD.

Conflict of interest: No

Keywords: ocd; postpartum; Intervention; bond

EPV0792

Development of a family psychoeducational intervention for patients with obsessive-compulsive disorder according to falloon's model

C. Palummo*, G. Sampogna, V. Giallonardo, N. Solimene, M. Gravagnone, F. Zinno, M. Luciano, V. Del Vecchio and A. Fiorillo

University of Campania Luigi Vanvitelli, Psychiatry, naples, Italy
*Corresponding author.

Introduction: Obsessive compulsive disorder (OCD) is a severe mental disorder associated with high levels of personal, social and family burden. Several interventions have been developed to support patients and their family members, and the Fallon psychoeducational family intervention has been found one of the most effective.

Objectives: The present study aims to: 1) adapt the psychoeducational family intervention according to the Falloon model to the context of OCD patients and their family members; 2) to evaluate the effectiveness of the experimental intervention in terms of reduction of the level of family burden, family accommodation and maladaptive coping strategies.

Methods: The experimental intervention has been developed on the basis of the Falloon psychoeducational model The intervention covers the following topics: information on OCD; pharmacological and non-pharmacological treatments; family accommodation; communication skills and problem-solving strategies. The efficacy of the intervention will be tested in a randomized controlled trial implemented at the Department of Psychiatry of the University of Campania "L. Vanvitelli". In particular, at least 10 OCD patients and their family members will be recruited and consecutively allocated to the experimental group or to a waiting list group.

Results: Patients and family members allocated to the experimental group are expected to report a low level of family burden and family accommodation and an improvement in problem-oriented coping strategies compared to those allocated to the waiting list.

Conclusions: The new psychoeducational family intervention could be useful to improve the long-term outcome of OCD patients and of their family members.

Conflict of interest: No

Keywords: family psychoeducational intervention; obsessive-compulsive disorder; Falloon's model; family burden

Old age psychiatry

EPV0793

Efficacy of physical exercise in the treatment of depressed older adults

M.H.L. Arts^{1*}, S. Petrykiv² and L. De Jonge³

¹GGZ Westelijk Noord-Brabant, Geriatric Psychiatry And Neuropsychiatry, Halsteren, Netherlands; ²GGZ WNB, Psychiatry, Halsteren, Netherlands and ³Leonardo Scientific Research Institute, Neuropsychiatry, Groningen, Netherlands

*Corresponding author.

Introduction: Since late-life depression is often correlated with low physical activity, the implementation of physical exercise in order to enhance functional limitations should also be considered as a feasible treatment modality. Previous research has suggested that increased physical activity might be beneficial in the prevention or treatment of depressive symptoms.

Objectives: To investigate the effectiveness of physical exercise in depressed older adults as an alternative to antidepressant medication.

Methods: An English-language literature search was conducted using Pubmed, EMBASE and Cochrane library.

Results: Some studies proposed physical exercise as a complementary or even as an alternative treatment option for late-life depression. However, conflicting results have been reported and the results must be interpreted carefully due to methodological weaknesses, including inadequate concealed randomization, small sample sizes, short follow-up duration, and poor quality of data analysis. There are clear indications to consider that physical activity can contribute to the reduction of depressive symptoms in older adults.

Conclusions: To obtain more insight of the effect of physical activity on late-life depression, further research is needed, based on well-designed studies.

Conflict of interest: No

Keywords: physical exercise; Late-life depression

EPV0794

Polypharmacy as a risk factor for insomnia in older age. A cross-sectional study in greece.

K. Argyropoulos¹, P. Damka², A. Argyropoulou³, D. Avramidis^{4*} and E. Jelastopulu¹

¹School of Medicine, University of Patras, Public Health, Patra, Greece;

²Health Center of Distomo, General Practice, Distomo, Greece; ³Health Center of Andravida, General Practice, Patra, Greece and ⁴University of Patras, School of Medicine, Patra, Greece

*Corresponding author.

Introduction: Insomnia is among the most pervasive and poorly-addressed problem of aging.

Objectives: The purpose of the present study was to estimate the prevalence of insomnia among older patients who visit Health Center of Distomo, Greece and to associate with several risk factors.

Methods: A cross-sectional study was conducted among 150 elderly, aged >65 years. An anonymous questionnaire was designed to collect the basic demographic data of the study population. The Athens Insomnia Scale (AIS) was used to quantify sleep disturbances. Statistics was processed with SPSS 22.

Results: According to AIS 39.3% of the older people screened positive for insomnia. Sleep problems were more frequently in women ($p = 0.002$), in older adults ($p < 0.001$), in elderly suffering from medical conditions ($p < 0.05$), in participants with poor social life ($p = 0.011$), with absence of daily physical activity ($p < 0.001$) and daily coffee and alcohol consumption ($p = 0.016$ and $p = 0.041$ respectively). The polypharmacy ($p < 0.001$) and especially the consumption of diuretics ($p = 0.007$) and more than two antidepressants ($p < 0.001$) was strongly associated with insomnia too.

Conclusions: According to our results insomnia is often among the elderly and strongly associated with several risk factors such as polypharmacy and comorbidity. Various interventions in Primary Health Care are necessary in order to increase detection rates of sleep disorders in older people.

Conflict of interest: No

Keywords: Insomnia; Older Age; Polypharmacy; Athens Insomnia Scale

EPV0795

Differential impact of loneliness patterns on health status in old age. a longitudinal study

N. Martín-María¹, F. Caballero², E. Lara³, B. Olaya⁴, J.M. Haro⁴, J. L. Ayuso-Mateos^{5*} and M. Miret¹

¹Universidad Autónoma de Madrid, Psychiatry, Madrid, Spain;

²Universidad Autónoma de Madrid, Department of Preventive Medicine, Public Health, And Microbiology, Madrid, Spain; ³Hospital Universitario de La Princesa, Psychiatry, Madrid, Spain; ⁴Parc Sanitari Sant Joan de Déu, Research, Innovation And Teaching Unit, Barcelona, Spain and ⁵Universidad Autónoma de Madrid, Psychiatry, Madrid, Spain

*Corresponding author.

Introduction: Loneliness is related to worse health status outcome.

Objectives: The present study aims to identify how longitudinal patterns of loneliness associated with health in old age.

Methods: A total of 1,287 individuals aged 50+ were interviewed in 2011-12, 2014-15 and 2017-18 in a follow-up study conducted over a nationally representative sample of Spain. The three-item UCLA Loneliness Scale was used to assess loneliness. Chronic loneliness was defined as the presence of loneliness in the three measurements, whereas transient loneliness expressed the presence of these feelings only at one period of study. Health status was measured with self-reported questions regarding ten domains (vision, mobility, and self-care, among others), and seven measured tests (including grip strength, walking speed and immediate and delayed verbal recall). A multilevel linear regression was used to examine association between loneliness patterns and health over time.

Results: Almost a-ten percent of participants reported feeling lonely throughout the three waves, who showed the worst health status. Both the group of chronic and transient loneliness showed a negative significant relationship with health status at follow-up, ($\beta = -6.2$, $p < 0.001$ and $\beta = -2.50$, $p = 0.02$, respectively). Nevertheless, a significant change in the relationship between loneliness pattern and health status was not observed across time.

Conclusions: Loneliness was longitudinally associated with poorer health, although health status of each loneliness pattern did not worsen over time. Different patterns of loneliness could benefit from the appropriate interventions.

Conflict of interest: No

Keywords: transient loneliness; chronic loneliness; health status; longitudinal study

EPV0796

Psychiatric symptoms in the elderly as features of degenerative neurologic disorders.

J. Ballesteros López^{1*}, V. Álvarez González² and C. Suarez Pérez¹

¹Hospital Universitario Infanta Cristina, Psiquiatría, Parla, Madrid, Spain and ²Hospital Universitario Infanta Cristina, Psychiatry, Madrid, Spain

*Corresponding author.

Introduction: Elderly patients are especially at risk for the development of psychotic symptoms. Also some other psychiatric symptoms may correspond to primary psychiatric illnesses or medical conditions, specifically neurological disorders such as mild cognitive impairments or dementia.

Objectives: The aim of the study was to evaluate the course of patients presenting first psychiatric symptoms in the elderly.

Methods: A retrospective observational study was conducted between January 2014 and December 2018. The sample included patients over 65 years of age with no psychiatric background presenting psychiatric symptoms and attended in the Emergency department.

Results: Physical illnesses, social isolation, sensory deficits, pharmacological treatment, substance abuse and familiar psychiatric background were analyzed in every patient. We evaluated the presence of neurological disorders in the following two years.

Conclusions: Affective and emotional dysregulation such as depression, anxiety, euphoria, irritability and agitation as well as psychotic symptoms are common in preClinical and prodromal dementia syndromes. A proper evaluation and follow-up is required for improving the prognosis of these patients.

Conflict of interest: No

Keywords: first psychiatric symptoms; Elderly; neurologic disorders; prodrome

EPV0797

Is dementia associated with psychotic symptoms in the geriatric population? A review

D. Banik^{1*}, M. Chowdhury² and M. Rahman²

¹SUNY Downstate Medical Center, Geriatric Psychiatry, Brooklyn, United States of America and ²Jamaica Hospital Medical Center, Psychiatry, Richmond Hill, United States of America

*Corresponding author.

Introduction: Almost 7% of the geriatric populations are suffering from dementia in the USA where the prevalence increases exponentially with increasing age and doubles every five years of age after age 65. Major Neurocognitive Disorder, which corresponds to dementia, requires substantial impairment to be present in one or more cognitive domains (memory, language, executive functions, social judgment and coordinated motor activities), sufficient to interfere with independence in everyday activities. Besides cognitive dysfunction, Dementia patients can present with a range of heterogeneous presentations called behavioral and psychological symptoms of dementia (BPSD). BPSD includes three groups of symptoms; affective, psychotic and other neuropsychiatric disturbance.

Objectives: In the clinical settings, it is challenging to determine the primary cause of cognitive impairment in psychotic patients and vice versa. So the question remains unsolved.

Methods: In order to answer the question, electronic database search of Medline, Pubmed was done using the keywords, "Psychosis", "Dementia", "Geriatric population", and came up with 93 articles that include clinical study, comparative study, meta-analysis, multicenter study, observational study, review, scientific integrity review, and systematic reviews. From those 5 studies were selected for the review based on the highest level of internal validity.

Results: Studies to date suggest that mood, apathy, amotivation and anxiety symptoms are more common in mild cognitive

impairment, while psychotic symptoms are more common in certain subtypes of dementia, such as Lewy body dementia.

Conclusions: Further Clinical and translational studies are needed to see the temporal profile of development of psychotic symptoms and cognitive decline to decide the association pattern.

Conflict of interest: No

Keywords: Psychosis; Dementia; Geriatric Population

EPV0800

Sleep quality of elderly living in a retirement home: a tunisian study

N. Charfi, I. Chaari*, I. Lajmi, S. Omri, R. Feki, M. Maalej Bouali, L. Zouari, J. Ben Thabet and M. Maalej

Hedi Chaker University Hospital, Psychiatry C Department, Sfax, Tunisia

*Corresponding author.

Introduction: Sleep disorders are common in the elderly. This is even truer when we consider the older adults living in a retirement home. In addition to aging, other factors can lead to a poor quality of sleep.

Objectives: Our study aimed to evaluate the quality of sleep of elderly living in a retirement home and to determine the associated factors to it, in a Tunisian sample.

Methods: It was a cross-sectional study conducted in January 2019 among elderly people living in a retirement home in Sfax (Tunisia). Sleep quality assessment was performed using the Pittsburgh Sleep Quality Index (PSQI).

Results: Our study sample consisted of 30 older adults. They were 73.4 years old on average with an over-representation of males (60%). The mean number of months spent in the retirement home was 57.62 ± 77.96 months. According to PSQI scores, 53,3% of the residents had a poor quality of sleep (PSQI >5). The mean sleep latency time was $49 \pm 74,67$ minutes. Thirteen residents (43.3%) reported difficulty getting enough enthusiasm to get things done during the day and 76.7% (n=23) reported having difficulty falling asleep in less than 30 minutes, at least once a week. We found a significant association between a good sleep quality and the presence of religious practices (p=0,035).

Conclusions: Our findings confirm the reported high prevalence of poor sleep quality in retirement home population. Religious practices seem to be a protective factor that needs more attention.

Conflict of interest: No

Keywords: PSQI; Retirement Home; Psychogeriatrics; Sleep quality

EPV0801

Acute psychosis in elderly patients: evaluation and intervention

D. Duarte^{1*}, L. Ramos¹ and M.N. Mendonça²

¹Centro Hospitalar Universitário do Algarve, Department of Psychiatry And Mental Health, Faro, Portugal and ²Centro de Saúde de Faro, Usf Ria Formosa, Faro, Portugal

*Corresponding author.

Introduction: Psychosis is relatively common in the later stages of life: occurs in nearly 10% of patients over 60 years attending to psychogeriatric clinics. This is a distressing situation that persist for

many years, associated with increased risks of social dysfunction, institutionalization, and death.

Objectives: Analyze the most recent literature about this subject and highlight the latest indications for diagnosis and treatment.

Methods: Bibliographic search in PubMed and ClinicalKey electronic databases, with a review of the literature in the last 5 years, with the terms “psychosis”, “elderly”, “late onset schizophrenia”.

Results: A late-onset (aged ≥ 60 years) variant of psychosis without dementia has been recognized, and classified as very late-onset schizophrenia-like psychosis. This people are similar to those with early onset schizophrenia in symptoms, family history and pattern of neuropsychological impairment. However, there are some differences: the prevalence of women is higher, the cognitive impairment is smaller and multimodal hallucinations are present. It is associated with sensory impairment and social isolation, but not with formal thought disorder, affective blunting or familial aggregation. The overall treatment strategy is the same as that of the young population, but lower antipsychotic doses are required.

Conclusions: The concept of very late-onset schizophrenia-like psychosis is characterized by the onset of delusions and / or hallucinations after 60 years of age in the absence of affective disorder or demonstrable brain disease such as dementia. The disease is seen as a functional psychosis with symptoms that respond to antipsychotic medications in lower doses.

Conflict of interest: No

Keywords: late onset schizophrenia; Elderly; psychosis

EPV0802

What your eyes don't see: a case report of charles bonnet syndrome

D. Duarte^{1*} and M.N. Mendonça²

¹Centro Hospitalar Universitário do Algarve, Department of Psychiatry And Mental Health, Faro, Portugal and ²Centro de Saúde de Faro, Usf Ria Formosa, Faro, Portugal

*Corresponding author.

Introduction: Charles Bonnet syndrome is a clinical entity characterized by the presence of visual hallucinations in patients with severe bilateral visual impairment. They occur as a result of a damage along the visual pathway and affect 10 to 40% of adults who experience significant vision loss.

Objectives: Describe a clinical case of Charles Bonnet syndrome and assess the state-of-art for contribute to better diagnosis of this entity.

Methods: Describe a case report of Charles Bonnet syndrome and perform a bibliographic search in PubMed and ClinicalKey electronic databases, with a review of the literature in the last 5 years, with the terms “Charles Bonnet syndrome”, “visually impairment”, “visual hallucinations”.

Results: This case report will focus on a 78-year-old man who, due to an accident, lost his vision about 20 years ago. He was asymptomatic until 4 weeks ago, when he began to refer complex visual hallucinations, with progressive impact on his daily activities. At emergency department the patient saying that saw several animals, which he considered strange and could not explain. Due to these complaints, he was referred for neurological evaluation, and posteriorly referred to psychiatry. Given the hallucinatory condition, the diagnostic hypothesis of Charles Bonnet's Syndrome was placed. He was treated with quetiapine 50mg id and alprazolam 0.25 mg 1/2 id, which was suspended few weeks later due to

intolerance. Six months later the patient remained without medication, with hallucinatory improvement.

Conclusions: It is important to know and be aware of these situations, which can be easily confused with delirium or dementia.

Conflict of interest: No

Keywords: Charles Bonnet syndrome; visually impairment; diagnostic criteria; visual hallucinations

EPV0804

Behavioural changes in an elderly woman- challenges in diagnosis

S.L. Eng

Changi General Hospital, Psychological Medicine, Singapore, Singapore

Introduction: Assessment of geriatric patient can be challenging due to diagnostic overlap of the three D's of Geriatric Psychiatry namely delirium, dementia and depression coupled with significant social stressors in older adulthood.

Objectives: A case of an elderly woman with 6-month history of behavioural changes is described to illustrate the challenges in diagnosis.

Methods: case report

Results: Madam A is a 79year old Chinese lady with a medical history of euthyroid multi-nodular goitre. She has no past psychiatry history. She presented with 6-month duration of depressive symptoms, visual hallucinations, paranoia, intermittent confusion and cognitive decline that started after her husband's sudden death and exacerbated by family dispute. Her symptoms preceded a total thyroidectomy that was performed due to difficulty in breathing. Post thyroidectomy, she was hospitalized twice due to derangement in calcium level. She was noted to have suicidal ideation and homicidal ideation towards her daughter with intellectual disability prompting psychiatric admission for safety and evaluation. She was euthyroid and calcium level was normal on admission. On mental state examination, she was fairly attentive but guarded and paranoid against nursing staff. She declined cognitive assessment. She was withdrawn and did not want to talk about her feelings. Based on clinical observation and collateral history from family, she was diagnosed to have Major Depressive Disorder with psychotic features.

Conclusions: This case illustrates the diagnostic challenges in an elderly woman due to substantial overlap of clinical syndromes of delirium, depression, dementia and grief. A comprehensive assessment including detailed time course and medical examination is helpful for accurate diagnosis.

Conflict of interest: No

Keywords: delirium; dementia; Dépression

EPV0805

Spiritual and religious beliefs and sense of coherence in greek older adults

V. Giannouli^{1*} and K. Giannoulis²

¹Bulgarian Academy of Sciences, Institute of Neurobiology, Sofia, Bulgaria and ²Aristotle University of Thessaloniki, School of Theology, Thessaloniki, Greece

*Corresponding author.

Introduction: Sense of coherence can be defined as the coping capacity of people in the form of a feeling of confidence that one's

environment is predictable and that they can deal with everyday life stressors.

Objectives: This study was designed to explore the possible association between spirituality, religiousness, and sense of coherence in older adults living in Greece.

Methods: Two hundred and twenty seven healthy older adults (Mage =72.23, SDage =6.57; Meducation = 7.81, SDeducation = 3.93) from two cities, an urban center in Southern Greece and a less urbanized city in Northern Greece, participated in this study voluntarily. All participants were asked to complete a demographics questionnaire, the self-reported Royal Free Interview for Spiritual and Religious Beliefs, and the Sense of Coherence Scale.

Results: indicated that the majority of the participants reported strong religious beliefs as their age increased. Female widowed participants expressed greater religiousness and spirituality. A statistically strong positive correlation of the Sense of Coherence score with the Spiritual Scale as measured by three questions of the Royal Free Interview was found. The total score for Sense of Coherence was negatively correlated with gender (women), marital status (widows), and increased age.

Conclusions: The findings of this study confirm previous findings of other researchers concerning a different population group residing in a rural area of Crete. Future research should include not only larger samples of older adults, but also groups of older adults as well as younger adults suffering from different diseases.

Conflict of interest: No

Keywords: sense of coherence; old age; spiritual and religious beliefs; Greek Orthodox

EPV0809

- Bipolar disorder due to cerebral infarction -

L. Montero Quer* and A. De Benito Chafer

Fuenlabrada University Hospital, Psychiatry, Madrid, Spain

*Corresponding author.

Introduction: Although bipolar disorder may begin after the age of 50, only 6-8% of cases occur after the age of 60. If we also take into account the influence of cerebrovascular risk factors, the approach and prognosis become more complex.

Objectives: The field of bipolar disorder in Old Age Psychiatry is broad in clinical practice but scarce in the publication of scientific evidence.

Methods: An exploratory-descriptive study that exposes a clinical case of a 68-year-old man who debuted with manic symptoms four months after having suffered a cerebral infarction, which developed as a confusional episode.

Results: The current literature is reviewed and a multidisciplinary approach is carried out, concluding that it is a bipolar disorder due to cerebral infarction with cingular involvement. The patient improves with the initiation of treatment with valproic acid as a normotimizer, selected because of its good tolerability and ease of handling. Nevertheless, an important part of the treatment will be the control of cerebrovascular risk factors. Regarding the acute confusional state, present in the differential diagnosis of various psychiatric presentations, it is important to consider several lobar or focal neurological syndromes that can cause a state of confusion, even in the absence of focal neurological deficits in the exploration.

Conclusions: If the onset of manic symptoms occurs in late adulthood or in the elderly, the possibility of an organic disease should be

considered in greater depth. Silent cerebral infarction may be much more common than symptomatic stroke. The definitions and classifications of cerebral vascular accidents do not contemplate psychiatric symptoms.

Conflict of interest: No

Keywords: Bipolar disorder; Silent cerebral infarction; old age psychiatry; Manic symptoms

EPV0813

Depressive symptoms as clinical presentation of glioblastoma multiforme located on frontal lobe in elderly: report of two cases

P. Regueira* and J. Cerejeira

Centro Hospitalar Universitário de Coimbra, Psychiatry, Coimbra, Portugal

*Corresponding author.

Introduction: Glioblastoma Multiforme (GBM) is the most aggressive malignant brain tumor, with the maximum incidence in patients aged more than 65 years. Clinical presentation characteristically includes focal neurological disturbances, but in a minority of cases these symptoms may be minimal/absent. Thus, it is important to be aware that psychiatric symptoms may be the first sign of the disease.

Objectives: To provide a report of psychiatric presentation of GBM.

Methods: We present two cases of patients aged more than 65 years presenting with depressive symptoms who were subsequently diagnosed with frontal GBM.

Results: Patient 1: A 82-year-old female was admitted to the ER service with insomnia, confusion regarding the daily living activities and inability to manage the medication of his spouse of whom she was caregiver. Additionally, she reported a persistent headache, that she felt as consequence of insomnia and fatigue. These symptoms have developed 1 week before. There was no history of previous psychiatric disorder. Patient 2: A 72-year-old female diagnosed with Recurrent Depressive Disorder presented to the ER service reporting abulia and social isolation. At admission she had whispered, sometimes incoherent, speech and perplexed posture. She stopped medication 3 months ago (venlafaxin 150 mg od and lorazepam 2,5 mg od). The medication were reintroduced, without benefit. Both patients undergo a complementary neuroimaging assessment and were diagnosed with frontal GBM.

Conclusions: Patients with brain tumors may still misdiagnosed as primary psychiatric disorders. Given that treatment of early-stage GBM may improve its extremely poor prognosis, its early detection becomes crucial.

Conflict of interest: No

Keywords: glioblastoma multiforme; depressive symptoms; elderly

EPV0816

Dementia vs. depression, the importance of early diagnosis of neurocognitive disorders.

M. Valverde Barea^{1*}, F. Cartas Moreno² and M. Solis¹

¹COMPLEJO HOSPITALARIO DE JAEN, Psiquiatria, JAEN, Spain and ²HOSPITAL SAN JUAN DE LA CRUZ, UBEDA, Psiquiatria, JAEN, Spain

*Corresponding author.

Introduction: Neurodegenerative disorders, such as cognitive impairment and dementia, are disorders that are increasing their incidence. They are diseases that generate a great loss of autonomy and functionality, requiring specialized caregivers and numerous health resources throughout the course of the disease. On numerous occasions his debut is with cognitive symptomatology, memory disorders. But it can also debut with depressive, anxious or psychotic symptoms. Depressive disorders can present cognitive alterations so that at advanced ages it is necessary to make an adequate differential diagnosis since the early screening of disorders that occur with cognitive impairment is associated with a better prognosis.

Objectives: The objective of the study is to demonstrate the association between affective symptoms in disorders with cognitive impairment in people over 65 years of age and the need for neurocognitive tests such as MMSE from primary care.

Methods: Sample of 24 patients, treated in the first consultation with mental health for presenting affective and cognitive symptoms. We perform neuropsychological test as MMSE.

Results: 24 patients, 3 men and 21 women. We performed an MMSE: Of the 21 patients >65 years old, 12 scored <23, so they are diagnosed with cognitive impairment. We performed statistical analysis obtaining statistical significance $p=0.000$ for patients with affective and cognitive symptoms.

Conclusions: Affective symptomatology is present in neurodegenerative disorders such as cognitive impairment and dementia and sometimes affective symptoms may appear earlier than cognitive ones. Therefore it is indicated to carry out screening test and an adequate differential diagnosis from primary care and not delay the diagnosis.

Conflict of interest: No

Keywords: dementia; Dépression; neurocognitive disorders; diagnosis

EPV0817

Sexual unwellness: a qualitative study with older adults from portugal and romania

S. Von Humboldt^{1*}, G. Niculescu², G. Low³ and I. Leal¹

¹Instituto Superior de Psicologia Aplicada (ISPA), Psychology, Almada, Portugal; ²Romanian Association for Person Centred Psychotherapy (ARPCP), Psychology, Bucarest, Romania and

³Faculty of Nursing, University of Alberta, Psychology, Edmonton, Canada

*Corresponding author.

Introduction: This study aims the perspectives of older adults on their sexual unwellness.

Objectives: A qualitative research analyzed older adults' perspectives on indicators of sexual unwellness in Portugal and Romania.

Methods: Forty seven older community-dwelling participants aged 65 to 91 years, were interviewed. All the interviews went through content analysis.

Results: Preliminary results of content analysis produced five themes for the Romanian sample: Aging ($k = .90, p < .01$); poor health ($k = .92, p < .01$); loss of partner ($k = 93, p < .01$); lack of libido ($k = .91, p < .01$); and life stressors ($k = .81, p < .01$); and five themes for the Portuguese sample: Lack of communication ($k = .92, p < .01$); lack of love ($k = .89, p < .01$); lack of trust in the relationship ($k = 98, p < .01$); lack of self-esteem ($k = .90, p < .01$); and life stressors ($k = .9, p < .01$).

Conclusions: This study underlined the perspectives of Portuguese and Romanian older adults concerning sexual unwellness. For the Romanian sample, aging was the most frequent theme, whereas for the Portuguese sample, lack of communication was the most pointed out theme.

Conflict of interest: No

Keywords: cross-national; older adults; qualitative study; sexual unwellness

EPV0819

Evaluation of the vagus nerve stimulation in neurocognitive disorders

D. Vasile* and O. Vasiliu

University Emergency Central Military Hospital Dr. Carol Davila, Psychiatry, Bucharest, Romania

*Corresponding author.

Introduction: Vagus nerve stimulation (VNS) has been associated with cognitive-enhancing effects in neurocognitive disorders (ND) in the literature, but no clear recommendation for use of this method has been yet formulated.

Objectives: To verify the quality of data regarding the efficacy and tolerability of VNS use in patients with ND and in population with risk of developing ND.

Methods: Main electronic databases (PubMed, CINAHL, PsychInfo, Cochrane, EMBASE) were searched using as keywords "VNS" and "neurocognitive disorders", „dementia”, „cognitive deterioration”. We have selected clinical trials with any design which specified the methods used to quantify the efficacy of the intervention.

Results: A 6-month open-label pilot study with Alzheimer Dementia (AD) patients (N=10) demonstrated response in 7 cases, according to the ADAS-Cog and MMSE scores. A follow-up study (N=17) on probable AD patients showed improvement or no decline from baseline after one year, as reflected by the ADAS-Cog and MMSE. A single-blind study demonstrated improvement of associative memory performance in healthy older individuals (N=30), even after a single session. The tolerability of VNS was reported as being good by all the cited trials. The found data are derived from small-scale short-duration studies, therefore more accurate data is needed in order to validate the efficacy of VNS in neurodegenerative disorders.

Conclusions: Efficacy of VNS in ND is not yet validated, but the tolerability of this therapeutic intervention is good. For both ND patients and old age patients with risk of developing cognitive decline, larger-scale longer duration trials should be conducted.

Disclosure: First author was speaker for Astra Zeneca, Bristol Myers Squibb, CSC Pharmaceuticals, Eli Lilly, Janssen Cilag, Lundbeck, Organon, Pfizer, Servier, Sanofi Aventis, and participated in clinical research funded by Janssen Cilag, Astra Zeneca, Eli Lilly, San

Keywords: vagus nerve stimulation; neurocognitive disorders; cognitive enhancers

EPV0820

Case management of vascular depression

O. Vasiliu

University Emergency Central Military Hospital Dr. Carol Davila, Psychiatry, Bucharest, Romania

Introduction: Subcortical lacunes, neurodegenerative processes, and gray matter atrophy are frequently detected in late-life depression, which suggest an involvement of the vascular pathology in elderly patients with depressive symptoms.

Objectives: To formulate good practices for patients with vascular depression based on our department data and literature research.

Methods: A retrospective analysis of patients admitted in our department between 2010 and 2019 with vascular depression was performed and results were compared with guidelines and expert consensus found in the literature using Google search engine, Cochrane Database of Systematic Reviews and Thomson Reuters/Web of Knowledge database.

Results: Neuroimaging investigations and cognitive measurements using standardized instruments are useful first step recommendations in patients suspected to present for vascular depression. Blood pressure, metabolic profile, and body mass index should be considered for monitoring throughout the duration of the treatment. At least one year post-symptomatic remission of depression the patient should be treated psychopharmacologically and psychological counselling or psychotherapy should be offered. Selective serotonin reuptake inhibitors are the first line choice in this population due to their favourable metabolic profile, but attention to the pharmacokinetic interaction, especially with anticoagulants, should be considered. Monitoring of the depressive symptoms should include structured clinical scales which emphasize psychological symptoms, e.g. Montgomery Asberg Depression Rating Scale or Cornell Scale for Depression in Dementia.

Conclusions: Vascular depression is a specific type of affective disorder and the case management should involve an interdisciplinary team and structured scales for symptoms monitoring.

Disclosure: The author was speaker for Servier, Eli Lilly and Bristol-Myers, and participated in clinical trials funded by Janssen Cilag, Astra Zeneca, Otsuka Pharmaceuticals, Sanofi-Aventis, Sunovion Pharmaceuticals.

Keywords: good practices; retrospective analysis; vascular depression; neurodegenerative processes

EPV0824

Adaptation of an evidence-based intervention for disability prevention, implemented by community health workers serving ethnic minority elders

I. Falgas-Bague^{1*}, P. Del Cueto¹, E. Kim², L. Fuentes¹, Z. Ramos¹ and M. Alegria³

¹50 Staniford Street, Disparities Research Unit. Department of Medicine, Boston, United States of America; ²Tufts University, Community Health, Medford, United States of America and ³Harvard University, Harvard Medical School, Boston, United States of America
*Corresponding author.

Introduction: Changing demographics of older population has created substantial unmet need for services addressing immigrant and ethnic/racial minority elders. Workforce shortages can be reduced by task-shifting to community health workers (CHW) who speak the language and share the culture of these elders. Yet, implementation of complex disability interventions developed in clinical trials requires adaptations to be deployed by CHWs under the supervision of licensed clinicians.

Objectives: This article describes the process of adapting and improving adoption of an evidence-based intervention for mental and physical disability prevention in community settings.

Methods: We followed Barrera's staged model of adaptation that includes periodically assessing needed adaptations. We established additional measures for easier adoption, modifications of fidelity, and barriers and facilitators for intervention maintenance and sustainability. We used feedback from key stakeholders, including 4 clinical supervisors, 18 CHWs and 165 participants, collected at three time points.

Results: Adaptations included systematization of CHW supervision process, increased flexibility in number of sessions offered according to participant's needs, inclusion of self-care content, modification of materials to better reflect elders' daily life experiences, and a focus on patient engagement. Areas for further inquiry and adaptation identified in our process included enhancing examples with culturally relevant metaphors, visual aids, and training CHWs in the importance of building trust.

Conclusions: This study contributes to implementation science by identifying key aspects of intervention adaptation that facilitate broader reach of service delivery through service provision by CHWs in community-based settings, with a culturally diverse elder population, and a focus on prevention of both mental and physical disability

Conflict of interest: No

Keywords: ethnic minorities; community health workers; elder population; psycho-social interventions

EPV0825

Correlation of behavioral and psychological symptoms and the therapeutical effects with the degree of cognitive impairment in dementia

A. Hrnjica*, S. Bise and I. Lokmic-Pekic

Psychiatric Hospital Sarajevo, Women, Sarajevo, Bosnia and Herzegovina

*Corresponding author.

Introduction: International Psychogeriatric Association defined the term „Behavioral and psychological symptoms of dementia“ (BPSD) as a heterogeneous range of psychological reactions, psychiatric symptoms, and behaviors occurring in people with dementia of any etiology. [1] BPSD is classified as: (1) disorders of thought content; (2) disorders of perception; (3) disorders of mood; (4) disorders of behavior. [1]

Objectives: To analyze if there are any relationships between the degree of cognitive impairment and severity of BPSD. To analyze the potentials of psychopharmacologic interventions. To determine the most common BPSD.

Methods: 38 patients with dementia hospitalized in Psychiatric Hospital Sarajevo were included in the study, eligibility criteria were living with caregivers. Cognitive impairment was evaluated with Mini Mental Status Examination (MMSE) score, severity and number of BPSD were assessed using Neuropsychiatric Inventory (NPI-12). The evaluation was made in the 1st and 4th week, before and after commencing pharmacotherapy

Results: Of 38 patients, 34 met the criteria. Patients with lower MMSE score had higher baseline NPI-12 score (MMSE 0-10, NPI 55; MMSE 11-20, NPI 45; MMSE 20-26, NPI 39). NPI scores decreased significantly from baseline to week 4; 79% in the group with MMSE 0-10; 89% for patients with MMSE 11-20; 96% for those with MMSE 21-26. The most common symptom was agitation/aggression, registered in 26 (79%) patients.

Conclusions: The severity and the number of BPSD, as well as the therapeutical effects, correlate with the degree of cognitive decline. The most common symptoms are disorders of behavior.

Conflict of interest: No

Keywords: dementia; behavioral and psychological symptoms of dementia; Agitation

EPV0827

Piloting a specialist mental health and pharmacist clinic for older adults in one scottish health region – preliminary findings

G. Stevenson* and J. Bate

Stratheden Hospital NHS Fife, Older Adult Mental Health, Fife, United Kingdom

*Corresponding author.

Introduction: Reducing polypharmacy and enhancing rational prescribing is a theme of “Realistic Medicine” as detailed by the Chief Medical Officer in Scotland. Older adults are at greater risk of polypharmacy due to multiple medical and psychological co-morbidities.

Objectives: To pilot a specialist older adult joint psychiatric and mental health pharmacist clinic to assess, advise and monitor older adults with polypharmacy and significant mental health diagnoses, and to survey patient satisfaction with the clinic.

Methods: A monthly joint (consultant psychiatrist and specialist pharmacist) clinic was established in a primary care health centre in one Scottish health region (Fife, 365k). Patients had initial assessments and case-note reviews by the psychiatrist with medication reviews by the pharmacist. Patients re-attended 4 weeks later for explanation of the polypharmacy recommendations with implementation by general practitioners supported by their practice pharmacists. All patients had psychiatric follow-up and were issued with satisfaction questionnaires.

Results: Attendance rate of 92% (22/24), 75% female, average age 72 (range 61-80) years. 58% were attending a psychiatric day hospital, 42% had bipolar affective disorder, 50% other mood disorders, 25% alcohol-related conditions, 33% cognitive disorders and one person with dementia and delusional disorder. The average (range) medical co-morbidities were 5.7 (3-9). Patients were prescribed 2.7 (1-5) psychiatric, 8.8 (3-16) physical, 11.4 (5-20) total medications. Recommendations were to reduce/stop 2.8 (0-7) and replace 0.6 (0-2) medications/patient. All patients received additional healthcare advice. The clinic achieved high levels of patient/carer satisfaction ratings.

Conclusions: This combined specialist clinic reduced (25%) polypharmacy in an older adult population with significant mental healthcare issues.

Conflict of interest: No

Keywords: Realistic Medicine; Polypharmacy; Older Adult Mental Health; Pharmacist

EPV0828

The impact of built environment on management of frailty in patients with neurocognitive disorders

M.V. Zamfir^{1*} and M.M. Zamfir²

¹Carol Davila University of Medicine and Pharmacy, Physiology - Neurosciences Division, Bucharest, Romania and ²“Ion Mincu”

University of Architecture and Urbanism, Synthesis Of Architectural Design Department, Faculty of Architecture,, Bucharest, Romania

*Corresponding author.

Introduction: Frailty is an important physical co-morbidity of patients with neurocognitive disorders (NCDs). Frailty refers to increased vulnerability due to age-associated declines in physiological reserve and function across multiple organ systems. It is a condition in older people characterized by decreased capacity to cope with stressors. Management of frailty is essential for persons with NCDs.

Objectives: To determine the characteristics of built environment that supports frailty management in patients with NCDs.

Methods: We performed an analysis of professional guidelines for architecture and design of spaces for patients with NCDs living in community or institutionalized settings. Characteristics of built environment that promote frailty management in patients with NCDs were described.

Results: We identified 6 guidelines for architecture and design of spaces for persons with dementia. Architecture plays an important role in both support of autonomy of patients with NCDs and of frailty management. Architecture is both supporting and empowering the frail elderly user with NCDs, promoting orientation and mobility, helping to increase appetite and management of mood and sleep disorders, by using therapeutically the 5 architectural tools: light, shape, color, texture and sound. The therapeutic architecture dedicated to the frail elderly with NCDs focuses on his abilities, uses age-friendly principles and Universal Design. A very important aspect is accessibility.

Conclusions: Built environment can be seen as a promising tool to support frailty management in patients with NCDs. Further studies are necessary to determine specific patterns of environmental designs which promote frailty management in patients with NCDs.

Conflict of interest: No

Keywords: frailty; management; Architecture; neurocognitive disorders

EPV0829

The impact of architecture on mental health in nursing homes_3 case studies

M.V. Zamfir^{1*} and M.M. Zamfir²

¹Carol Davila University of Medicine and Pharmacy, Physiology - Neurosciences Division, Bucharest, Romania and ²“Ion Mincu”

University of Architecture and Urbanism, Synthesis Of Architectural Design Department, Faculty of Architecture,, Bucharest, Romania

*Corresponding author.

Introduction: The built environment influences physical and mental health, well-being and quality of life. For older adult living in institutional settings, the main mental health problems are: neurocognitive disorders, delirium, depression, anxiety and sleep disorders.

Objectives: The present research aims to demonstrate the importance of the architecture of the nursing homes, referring to both the principles of interior design and of the outdoor spaces, on the mental health of senior residents.

Methods: The paper investigates interdisciplinarily from the point of view of two professionals, a physician, (geriatrics-gerontology and psychiatry) and an architect, three seniors centers: Ellesmere Nursing Home (2007, UK), Alcaer do Sal Nursing Home (2010,

Portugal) and Dublin Respite Center (Ireland, 2007). Case studies are used.

Results: The 3 seniors centers propose different architectures starting from the elderly user. Two of them have a height of GF+2 and one center only GF, all three using low rise. The functional scheme is clear in all 3 examples but the architectural instruments are used differently. Proper use of color for 2 examples are noted, while for one stands out negatively absence of color (white), giving the impression of hospital, although the center has certain architectural qualities. All the 3 centers have landscaped gardens, we notice the therapeutical features.

Conclusions: The built environment can encompass healing capabilities and increase the therapeutic effect of medication and psychological intervention. A built environment based on age-friendly principles positively influences the mental health of seniors.

Conflict of interest: No

Keywords: age-friendly architecture; mental health; senior; interdisciplinarity

EPV0832

Visual hallucinations in lewy bodies dementia: a case report and literature review.

W. Kabtni*, A. Baatout, C. Bencheikh Brahim, H. El Kefi and A. Oumaya

military hospital of Tunis, Psychiatry Department, Tunis, Tunisia

*Corresponding author.

Introduction: Visual hallucinations (VH) are frequent manifestations (60-80%) in patients with Lewy bodies dementia (LBD). However, their characteristics and mechanisms still remain uncertain.

Objectives: This case report aims to describe a case of visual hallucinations in a patient with Lewy bodies dementia and to determine their characteristics and mechanisms.

Methods: A patient case is presented with associated literature review.

Results: Mr RY, aged 69, with no medical history, was referred to our psychiatry department through emergency unit for the installation of VH (figures sitting and standing in the house, people walking in the bedroom, a soldier on a navy ship) since two months. The interview revealed that Mr RY presents fluctuating cognition (attention and memory impairment) and symptoms of parkinsonism (bradykinesia, rest tremor and rigidity) for more than a year. In addition, he was put on neuroleptic treatment by a psychiatrist, but in view of the worsening of the symptomatology, he consulted the emergency services. Thus, RY was referred to the neurologist for suspicion of the diagnosis of dementia (confirmed by the tests) and the final diagnosis was LBD. VH in LBD are commonly complex, experienced on a daily basis, lasting minutes, perceived in the central field of view, opaque and static. VH has been reported to be in relation to the presence of altered GABAergic synapses and a higher density of Lewy bodies in the amygdala, parahippocampal gyrus, the inferior temporal gyrus and the frontal, temporal and parietal cortical areas.

Conclusions: Visual hallucinations mechanisms in LBD remain complex and in a state of discovery.

Conflict of interest: No

Keywords: visual hallucinations; dementia with Lewy bodies

EPV0833

Maintenance electroconvulsive therapy in the spanish national health system: cost-effectiveness in elderly patients with affective and schizophrenia-spectrum disorders

M. Caballero-Gonzalez^{1,2}, D. Rentero Martin^{1,2}, E. Sánchez-Morla^{1,2}, I. Torio^{1,2}, A. Garcia Lopez¹, N. Fares-Otero¹ and R. Rodriguez-Jimenez^{1,2*}

¹Department of Psychiatry, Instituto De Investigación Sanitaria Hospital12 De Octubre (imas12), Madrid, Spain and ²CIBERSAM, (biomedical Research Networking Centre In Mental Health), Madrid, Spain

*Corresponding author.

Introduction: Several studies have shown that the Maintenance Electroconvulsive Therapy (M-ECT) is a safe and effective therapy to treat elderly patients with affective and certain schizophrenia-spectrum disorders. Despite its clinical efficacy, the use of M-ECT is not as extended as it might be expected, which could be a consequence of the need of specific resources for its administration. In fact, little research has been done on the M-ECT's cost-effectiveness, specially targeting elderly patients.

Objectives: To study the cost-effectiveness of the M-ECT Program in elderly patients with affective and schizophrenia-spectrum disorders.

Methods: Twenty-one patients (Mean age = 76.1, SD = 9.3 years old, Female = 57%) participated in the 18-month M-ECT Program. The sample consisted of 13 patients with depressive disorder, 5 patients with bipolar disorder, 2 patients with schizophrenia and 1 patient with schizoaffective disorder. A mirror-image design was carried out to analyze Pre-Post cost-effectiveness of the Program.

Results: After the M-ECT program, patients showed an improvement on the Clinical Global Impression-Severity score ($M_{Pre} = 2.4$, $SD = 1.1$; $M_{Post} = 5.3$, $SD = .6$, $p < .001$). Also, it was shown a decrease in direct costs, involving ECT sessions, hospitalization in the Psychiatric Unit and Emergency rooms, from 473,418 to 223,905 euros.

Conclusions: Besides the clinical improvement, a decrement in direct costs (11,881 euros) is observed in each patient after participating in the 18-month M-ECT. Therefore, the use of the M-ECT should be extended and implemented to treat elderly patients with affective and certain schizophrenia-spectrum disorders.

Conflict of interest: No

Keywords: Electroconvulsive Therapy; Schizophrenia; Bipolar disorder; elderly patients

Oncology and psychiatry

EPV0838

Evaluation of the postoperative quality of life and dysfunctions in patients after combined total gastrectomy and esophagectomy.

S. Saito^{1*}, M. Nakamura², Y. Hosoya¹, H. Yamaguchi³, J. Kitayama¹, A. Lefor¹ and N. Sata¹

¹Jichi Medical University, Surgery, Shimotsuke, Japan; ²Jikei University, School of Nursing, Adult Nursing, Tokyo, Japan and ³Jichi Medical University, Clinical Oncology, Shimotsuke, Japan
*Corresponding author.

Introduction: Patients with esophageal cancer and a history of gastrectomy or concurrent gastric cancer undergo not only esophagectomy but also total gastrectomy. Quality of life (QOL) of these patients should be impaired immensely, but it's difficult to know how they feel about their life after surgery.

Objectives: The goal of this study is to evaluate the postoperative QOL and dysfunction of these patients using two postoperative questionnaires.

Methods: 41 patients underwent concurrent esophagectomy and total gastrectomy. A jejunal pedicle with the subcutaneous supercharge technique was used for reconstruction. Patients were divided into two groups, including those undergoing concurrent esophagectomy and gastrectomy (Group 1), and those undergoing esophagectomy alone (Group 2, history of previous gastrectomy). Patients were analyzed by time interval, including patients within three years of surgery (Group A) and those more than three years after surgery (Group B).

Results: Eighteen patients completed the questionnaires. The mean DAUGS20 score was 26.4±13.2. The DAUGS20 scores of groups 1 (N=7) and 2 (N=11) were 25.4±12.5 and 27±15.4 (p=0.58), respectively. Global health status scored by the EORTC QLQ-C30 were 71.4±18.5 in group 1 and 67.4±22.8 in group 2 (p=0.85). DAUGS20 scores of group A (N=10) and B (N=8) were 28.1±12.4 and 23.3±14.4 (p=0.35). No significant differences were found between groups A and B regarding the QLQ-C30 scores.

Conclusions: DAUGS20 and QLQ-C30 scores showed no significant differences between groups 1 and 2 or groups A and B. These results suggest that postoperative QOL and dysfunction may be influenced more by current status than by surgical history and postoperative interval.

Conflict of interest: No

Keywords: total gastrectomy; esophagectomy; postoperative QOL; postoperative dysfunction

EPV0841

Risk factors of interrupted treatment, recurrence and survival on patients with head and neck cancer in southern taiwan.

S.H. Wang^{1*} and C.H. Chuang²

¹Chi Mei Medical Center, Oncology, Tainan City, Taiwan and ²Chang Jung Christian University, Department of Nursing, Tainan City, Taiwan

*Corresponding author.

Introduction: Head and neck cancers occur mostly in middle-aged men. If treatments are interrupted, the mortality rate will be increased. So we analyzed the data about survival and recurrence rate and identified high-risk patients of interrupted treatment to help people to complete their fully treatment and achieve optimal care outcomes.

Objectives: The objective of the study is to determine the risk factors of interrupted treatment, recurrence and survival on patients with head and neck cancer.

Methods: This is a retrospective secondary data analysis study. The subjects of this study were patients with head and neck

cancer registered in the cancer registration database of a medical center in southern Taiwan during January 2013 to December 2016. We collected and analyzed information from two delinking databases.

Results: The study included a total of 544 patients with head and neck cancer. The rate of treatment interruption was 12.5%. The risk factors of interrupted treatment were stage 4 (OR: 1.9, p<0.05), age greater than 65 years (OR: 2.9, p<0.05), and no radiation therapy (OR:8.9, p<0.05). The major reasons of interrupted treatment were side effects (39.7%), and comorbidities (23.5%). The recurrence and survival rates of treatment interruption were 20.6% and 29.4%, respectively. The recurrence and survival rates of without interruption treatment were 14.1% and 64.7%, respectively.

Conclusions: In future, for the high-risk group of patients with interrupted treatment, medical staff should treat side effects or complications actively to reduce interrupted treatment, cancer recurrence, and increase the survival of patients with head and neck cancer.

Conflict of interest: No

Keywords: head and neck cancer; interrupted treatment; risk factor; recurrence

EPV0842

Impact of psychiatric disorders on the course of oncological treatment

C. Darie^{1*}, A.-M. Paslaru², L. Rebegea³ and A. Ciubara⁴

¹Resident Psychiatrist at Psychiatric Hospital "Elisabeta Doamna", Psychiatry, GALATI, Romania; ²PhD Student "Dunarea de Jos" University, Oncology, Galati, Romania; ³PhD, Assos. Professor "Dunarea de Jos" University, Oncology, Galati, Romania and ⁴Professor at "Dunarea de Jos" University, Senior Psychiatrist at Hospital of Psychiatry "Elisabeta Doamna", Psychiatry, Galati, Romania

*Corresponding author.

Introduction: Despite the remarkable progress made in the diagnosis and treatment of oncological conditions, cancer remains the second leading cause of death worldwide, according to data provided by the World Health Organization (WHO).

Objectives: Increased incidence of psychiatric disorders in patients with malignancies has prompted field specialists to form multidisciplinary medical teams.

Methods: The case was selected from the patients admitted to the oncology department. The diagnosis of oncological and mental disorders was completed according to ICD-10 criteria (Mental and Behavioral Disease Classification).

Results: The diagnosis of mental illness in oncological patients is frequently encountered, and the correlation between the two conditions may have a negative impact on clinical adherence with a significant decrease in survival. We present the case of a patient aged 45 years, in the rural area hospitalized for an oncological condition, in the genital sphere. After a medical and paraclinical examination, the patient is diagnosed with stage III B cervical cancer and the Oncology Committee agrees to recommend care for radiochemotherapy.

Conclusions: Psycho-oncology is an essential partner for the success of antineoplastic treatment.

Conflict of interest: No

Keywords: Dépression; Psychiatry; cancer; Oncology

EPV0843

Assessment of quality-of-life and functional outcomes in elderly cancer patients undergoing radiotherapy using the european organization for research and treatment of cancer quality-of-life questionnaire

K.S. Kitsou^{1*}, M. Bakola², D. Kardamakis³, P. Gourzis⁴ and E. Jelastopulu⁵

¹School of Medicine, University of Patras, Postgraduate Program Of Public Health, Patras, Greece; ²School of Medicine, University of Patras, Greece, Postgraduate Program Of Public Health, Patras, Greece; ³School of Medicine, University of Patras, Greece, Radiation-oncology, Patras, Greece; ⁴School of Medicine, University of Patras, Greece, Psychiatry, Patras, Greece and ⁵School of Medicine, University of Patras, Greece, Public Health, Patras, Greece

*Corresponding author.

Introduction: Radiation treatment plays a vital role in curative and palliative cancer therapy. In elderly cancer patients (ECPs) who may have compromised organ function and/or co-morbidities, the measurement of quality of life (QoL) is increasingly being recognized as an important patient-reported outcome to determine the burden of cancer treatment in this population.

Objectives: To investigate the effect of radiotherapy on QoL, functional outcomes of ECPs and identify the risk factors for low QoL.

Methods: Cross sectional study was performed on consecutively recruited patients from the Department of Radiation Oncology. The EORTC QLQ-C30 was administered to patients ≥ 65 years undergoing radiotherapy. It consists of 30 single questions, comprising five functioning scales (physical, role, cognitive, emotional, social), nine symptom items and a global quality of life scale.

Results: A total of 48 patients answered the questionnaire, 65.1% males, mean age 73 years. Global health status/QoL score was 79.7%. Regarding the functional scales, lower scores were observed in physical (56%), social (58.3%), emotional (60.7%), and role functioning (61.5%), whereas cognitive functioning (71.5%) revealed higher score. Females had higher score in social functioning (63.2% vs 55.6%, $p < 0.05$) and patients ≥ 75 years old scored in all functional scales lower compared to 65-75 years old patients ($p < 0.05$).

Conclusions: All functioning scales of EORTC QLQ-C30 had scores above 50, suggesting thus, that radiotherapy may not have detrimental effects on QoL in most ECPs with solid tumors. However, measuring QoL in this population group is important for clinical decision-making and the evaluation of treatment outcomes.

Conflict of interest: No

Keywords: EORTC-QLQ-C30; emotional functioning, cognitive functioning; cancer

EPV0844

Prescription of opioid drugs in a patient sample with head and neck tumors

A. Arrieta¹, B. Castelo², R. Mediavilla³ and Á. Palao^{4*}

¹HOSPITAL LA PAZ, Psychiatry, Madrid, Spain; ²HOSPITAL UNIVERSITARIO LA PAZ, Oncologia, Madrid, Spain; ³La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ⁴HOSPITAL UNIVERSITARIO LA PAZ, Psiquiatria, MADRID, Spain

*Corresponding author.

Introduction: One of the most common causes of pain are tumours. Clinical guidelines recommend the use of opioid drugs for treatment of tumoral pain. In addition, the presence of certain risk factors that may favour the harmful consumption of opioid drugs must be taken into account.

Objectives: Main objective: to describe the prescription of opioid drugs in patients with head and neck cancer and pain in follow-up in Hospital Universitario La Paz. - Secondary objectives: description of the characteristics of the sample. Study of the risk factors associated with the development of harmful use of opioid drugs in these patients.

Methods: Retrospective transversal descriptive observational study. Review of data from the medical records of patients cited in medical oncology consultations with head and neck tumours

Results: The prevalence of opioid prescription in the studied sample is 24.5%. The most commonly used opioid is the fentanyl patch. Patients with chemotherapeutic and radiotherapeutic treatment have a higher prescription of opioids. There is an association between the prescription of opioids and the state of the oncological disease. The smoking and enolic habit are risk factors of dependence that are frequently found in patients with neoplasia of the head and neck.

Conclusions: The results about the prevalence of prescription of opioids in the sample of patients studied reflect a good practice of the use of these drugs in patients with head and neck tumours. The high prevalence of risk factors that are associated with the development of misuse, abuse and dependence of these drugs must be taken into account.

Conflict of interest: No

Keywords: opioids; Dependence; risk factors; head and neck cancer

EPV0845

Dignity therapy and quality of life in oncologic patients

D. Vasile*, O. Vasiliu, A. Mangalagiu, B. Petrescu, C. Candea and C. Tudor

University Emergency Central Military Hospital Dr. Carol Davila, Psychiatry, Bucharest, Romania

*Corresponding author.

Introduction: A novel psychosocial intervention, dignity therapy, designed initially to help terminally ill patients to process their most valuable memories or existential aspects, is nowadays studied for multiple indications, like alcohol use disorders, affective disorders, or neurocognitive disorders. In oncologic patients the importance for dignity therapy can not be overemphasized in relation to their quality of life, starting from these patients' essential need to embrace realistic expectations and to cope with the disease-related stressful situations.

Objectives: To study the impact of dignity therapy over the quality of life in patients with oncologic diagnoses based on a literature search.

Methods: A literature review was performed using as paradigm "dignity therapy" and "quality of life" and "oncologic patients". All papers published between 2015 and 2019, found in the main electronic databases (EMBASE, CINAHL, PubMed), were evaluated.

Results: A number of 33 papers were included in the primary analysis, and only 12 remained after filtering out the results according to the inclusion and exclusion criteria. Quality of life increased as reported by good quality trials ($n=2$), in relation to the improvement of other secondary variables, like the will to live, anxiety, depression, overall perception of patients' clinical status. Several

study protocols have been identified with respect to this subject, so new results are expected in the future.

Conclusions: Dignity therapy may have a positive impact over quality of life in patients with oncologic diagnoses, but larger clinical trials are needed in order to support its recommendation on a wider scale.

Disclosure: First author was speaker for Astra Zeneca, Bristol Myers Squibb, CSC Pharmaceuticals, Eli Lilly, Janssen Cilag, Lundbeck, Organon, Pfizer, Servier, Sanofi Aventis, and participated in clinical research funded by Janssen Cilag, Astra Zeneca, Eli Lilly, San

Keywords: dignity therapy; quality of life; oncological patients

EPV0847

Comorbid PTSD in treated with transplantation leucosis patients personality features, internal construct of the cancer illness image (ICii) and resources.

A. Vasileva*, N. Neznanov and E. Lukoshkina

V. M. Bekhterev Research Medical Centre for psychiatry and neurology, Psychiatry, saint petersburg, Russian Federation

*Corresponding author.

Introduction: The recent research database study shows a big difference from 5up to 35% of comorbid PTSD incidence in cancer patients that depends on study design and instruments used. It is well known that leucosis is one of the most malignant cancers with relatively low survival rate that makes it an extraordinary life threatening experience, that goes one even after successful surgical treatment because of the possible delayed relapses.

Objectives: 72 leucosis patients after transplantation treatment were enrolled in the study, including 37 with comorbid PTSD symptoms and 35 stress-resistant patients.

Methods: PTSD Trauma Screening Questionnaire and evaluation by psychiatrist were used to verify PPTSD diagnosis. Test battery included Ego-structure test, Hardiness Survey questionnaire, ICII test

Results: The PTSD screening score became the dependent variable for MRA and other test results were considered as independent ones. The model we got could determine 76% of the variance of the dependent variable and predict the PTSD manifestation, there is a strong impact of the destructiveness Ego-test scores and Deficiency low profile with the , ego-syntone ICii types and Commitment low profile on PTSD comorbidity.

Conclusions: Therefore we can recommend the selected test-battery for the detection of the PTSD vulnerable patients in haemato oncology.

Conflict of interest: No

Keywords: personality profile; PTSD; Oncology; Anxiety

EPV0848

Emotional support and emotion regulation in patients undergoing hematopoietic stem cell transplantation (HSCT)

M. Torrijos¹, I. Torrea¹, T. Castellanos¹, I. López Álvarez², C. Rocamora González², B. Rodríguez-Vega³ and Á. Palao^{3*}

¹Hospital Universitario La Paz, Psychiatry, Clinical Psychology And Mental Health Service, Madrid, Spain; ²HOSPITAL UNIVERSITARIO LA PAZ, Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ³La Paz University Hospital Research Health Institute

(IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Oncohematological diseases were the fifth cancer-related cause of mortality in 2017. Given the development of new therapeutics options, life expectancy and cronicity rates have increased. Quality of life in these patients has become a very important issue. QoL in this group is quite lower than in general population. Among this group, those who go through HSCT have more complicated situations; HSCT may have a deep emotional impact. 25-36% of HSCT patients have psychopathological disturbances, anxiety and depression symptoms are the most common. Anxiety and depression prior transplantation are associated with slower recovery from transplantation. It is important to give an integrative support to patients and families, including psychological interventions. Mindfulness-Based Intervention is a good option, given the nature of the process which surrounds HSCT. Potential stressors and uncontrollable and unpredictable characteristics of the procedure require stress management, acceptance, compassion, self-care and emotion regulation abilities; all of them are trained in MBI.

Objectives: To describe group differences between those who get emotional support and emotion regulation-MBI prior HSCT, and those who do not, in terms of sociodemographic and clinical data.

Methods: Retrospective, quasi-experimental study. We will study differences between both groups: age, gender, diagnosis, disease stage, type of transplantation (autologous or allogeneic), marital and employment status.

Results: We will expect to find some predictors variables of who engages in psychological intervention and who does not, in order to find new approaches to attend needs of every singular patient.

Conclusions: Caring emotional aspects of these patients could positively influence the course of disease, and help to increase QoL.

Conflict of interest: No

Keywords: psychooncology; Hematopoietic Stem Cell Transplantation; Global Quality of Life; Emotional Support

Others

EPV0855

The relationship between cognitive functioning and psychopathology in patients with psychiatric disorders: a transdiagnostic network analysis

U. Chavez-Baldini^{1*}, D. Nieman¹, A. Keestra¹, K. Verweij¹, N. Vulink¹, J. Wigman² and D. Denys¹

¹Amsterdam University Medical Center, Psychiatry, Amsterdam, Netherlands and ²University Medical Center Groningen, University of Groningen, Interdisciplinary Center Psychopathology And Emotion Regulation (icpe), Groningen, Netherlands

*Corresponding author.

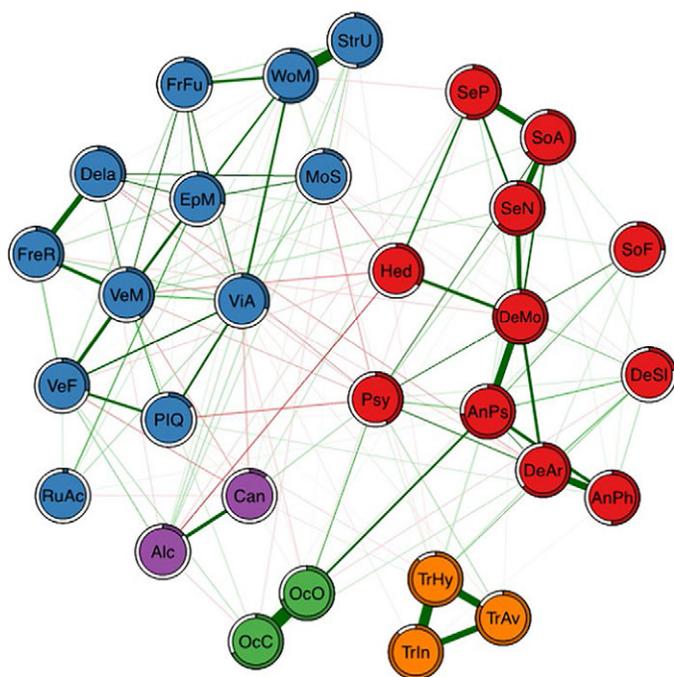
Introduction: Patients with psychiatric disorders often experience cognitive dysfunction, but the relationship between cognitive dysfunction and psychopathology remains unclear, partly due to research being conducted within specific psychiatric disorders. Current psychiatric diagnoses are not true representations of

underlying disorders; therefore, a transdiagnostic approach may be useful for further elucidating the relationship between cognition and psychopathology.

Objectives: The aim was to investigate the relationships between domains of cognitive functioning and psychopathology in a transdiagnostic sample using a data-driven approach.

Methods: Network analyses using baseline data from 1016 patients with various psychiatric disorders were conducted to investigate the relationships between symptoms and cognitive domains, detect clusters, and assess the predictability of nodes in the network. Psychopathology symptoms were assessed using various standard questionnaires. Cognitive domains were assessed with a battery of automated tests.

Results: Network analysis detected five clusters that we labelled as: general psychopathology, obsessive-compulsive symptoms, trauma symptoms, substance use, and cognition. Variables with the highest strength were depressed mood, anxiety, verbal memory, working memory, and hyperarousal. Most associations between cognition and symptoms were negative, i.e., increased symptom severity/frequency was associated with worse cognitive functioning.



Conclusions: Cognition and psychopathology interact in ways that do not adhere to traditional diagnostic boundaries. Depressed mood, anxiety, verbal and working memory deficits and hyperarousal are especially relevant in this network and can be considered transdiagnostic targets for research and treatment. Moreover, future research on cognitive functioning should focus on symptom-specific interactions with cognitive domains rather than investigating cognitive functioning in diagnostic categories.

Conflict of interest: No

Keywords: transdiagnostic; network analysis; cognitive functioning; psychopathology

EPV0858

Mobbing-psychological violence at workplace

K. Idrizaj^{1*}, L. Tepshi² and A. Saliu²

¹UHC "MOTHER TERESA" Tirana, Albania, Psychiatry, Tirana, Albania and ²University Hospital Center "Mother Teresa", Tirana, Psychiatry, Tirana, Albania

*Corresponding author.

Introduction: Mobbing is derived from the word / verb to mob which means to assault / violate / harass someone in the workplace. Mobbing represents an aggressive psychophysical and verbal behavior executed by a group of persons, directed at one or more individuals for the purpose of denigrating / destroying the person or persons being attacked.

Objectives: The purpose is to bring to light the importance of mobbing and its impact on mental health to those who suffer it

Methods: There have been searched and collected by PUBMED (344 articles), PMC (744 articles), THE AMERICAN JOURNAL OF PSYCHIATRY (163 articles). The search for articles was done by placing the word Mobbing on the search domain of these platforms. The results of the items with the highest impact were collected and analyzed in a comparative manner.

Results: From all the studies analyzed it was noted that psychiatric diagnoses such as PTSD, depressive disorder, suicide, homicide etc come as many professionals suffer the effects of mobbing.

Conclusions: Mobbing has devastating effects over the individual, causing significant psycho-somatic disorders and significant social effects. It is our duty as a modern society to stop this phenomenon as well as mental health professionals to identify it as early as possible to prevent the emergence of mental disorders.

Conflict of interest: No

Keywords: Mobbing; psychiatric disorders; somatic disorders; social effects

EPV0859

Man and delusion - believing fast and slow

F. Khan^{1*} and E. Breen²

¹Galway Roscommon Mental Health, Psychiatry, Galway, Ireland and ²Mater Misericordiae University hospital DUBLIN, Adult Psychiatry, Dallas, Ireland

*Corresponding author.

Introduction: I recently read a critical review of Daniel Kahneman's best seller Thinking Fast and Slow. The undercurrent of the book is to illustrate how irrational we are. I disagree. We are terribly rational and the advance of all human disciplines demonstrate this. Another human faculty which could nicely fit into the structure of fast and slow is belief. We also believe fast and slow.

Objectives: An opinion on believing fast and slow. An explanation from my perspective to show how we all think fast and slow depending on situations and environments and cultures. Predominantly shadowed by our beliefs.

Methods: I read the book by Daniel Kahneman "Thinking Fast and Slow." and I also read various critical review of the book in several journals and blogs.

Results: Psychiatric wards are full of believers. I have met Jesus, Elvis, Jenghis Kahn and a suitor to Jaqueline Kennedy. Elvis even

sang Heartbreak Hotel! These people really believed in their alter persona. It was a belief in erroneous information. However belief transcends life and everyone has to believe something.

Conclusions: Believing fast and slow colours our lives and we can identify with these beliefs. Belief is a central part of any life and patients with psychiatric illness often have pathology in this area. There is no format for taking a belief history. The closest thing could be a spiritual/religious history, but this may miss the layers and nuances of generic belief.

Conflict of interest: No

Keywords: Believing fast and slow; Book review; Ethics and Psychiatry; Culture and Psychiatry

EPV0862

Burnout among nurses in emergency departments

H. El Kefi, N.E.H. Bouguerra, I. Bouali, K. Kefi, C. Bencheikh Brahim, W. Krir and A. Oumaya*

military hospital of tunis, Psychiatric Unit, tunis, Tunisia

*Corresponding author.

Introduction: Burnout is a condition due to chronic stress and overload at work. It affects professionals with high emotional involvement; care aid occupations come first.

Objectives: Assess the degree of burnout and identify factors related to this syndrome among emergency department nurses.

Methods: This is a descriptive and cross-sectional study, carried out using a self-quiz: the Maslach Burnout Inventory (MBI). It was carried out in 2019 with the healthcare staff of four major hospitals in Tunis.

Results: Sixty participants agreed to answer our questionnaire. Women accounted for 53% compared to 47% of men with an average age of 31.8 years. Fifty percent (50%) participants were under the age of 30. Eighty-eight percent of caregivers were burnout. Thirty-three percent (33%) had a severe burnout. Thirty-five percent (35%) had an average burnout. Twenty percent (20%) had a low burnout. Burnout was severe in 72% of participants, while 60% had a severe degree of depersonalization and 57% had a low degree of personal achievement. The analytical study showed that burnout affected women more than men. Married participants with children were more concerned with burnout. Excessive workload was the major factor in burnout for 46 caregivers.

Conclusions: These alarming results should lead to practical both institutional and individual actions to improve the quality and working conditions of nurses.

Conflict of interest: No

Keywords: workload; burn out; nurses

EPV0865

Pedagogical criteria of parenting competence in assessment of good-enough parenting of persons under long-term psychiatric observation

E. Zhuravleva and O. Rusakovskaya*

Moscow State University of Psychology and Education, Legal And Clinical Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: One of the main problems in assessing of parenting competence is to assess good-enough parenting. In Russian

pedagogical the criteria of parental competence were defined by Gribanova D., Minina A. (2018), Babalaikin O., Tankova I. (2017). In our previous research (Kostjuk G., 2018) local psychiatrists assessed parental competence of persons under long-term psychiatric observation according to their own opinion without using any operationalized criteria.

Objectives: To assess parenting competence of a man and a woman, who were assessed in previous research as "good" parents.

Methods: Semi-structured psychological interview, devoted to different aspects of child's development and parent-child relations.

Table 1

	Mother of 14 y.o. boy	Father of 6 y.o. boy
Family status	A single mother, living with her son and her mother.	Divorced. Non-custodial parent, visiting his child 1–2 times a week.
Diagnosis	Paranoid schizophrenia	Schizoaffective disorder
Emotional acceptance of the child	+	+
Clear and consistent child requirements	+	+
Ability to organize joint activities with a child	+	+
Tendency to partner with a child	+	+
Ability to create an atmosphere of security, trust and cooperation	+	+
Respect for and acceptance of the child's identity and interests	+	+
Parent's ability to reflect	+	-

Results: Some personal characteristics and results of parental competence's assessing are presented in a Table 1.

Conclusions: Pedagogical criteria allow to operationalize parental competence of persons under long-term psychiatric observation. The reported study was funded by RFBR and Moscow city Government according to the research project № 18-013-00921 A

Disclosure: The reported study was funded by RFBR and Moscow city Government according to the research project № 18-013-00921 A

Keywords: good-enough parenting; parenting

EPV0866

Triguna, coping strategies and anxiety in early adulthood

M. S^{1*} and M. Parameshwari²

¹Sri Bhagavan Mahaveer Jain University, Psychology, Bangalore, India and ²Jain University, Psychology, Bangalore, India

*Corresponding author.

Introduction: The aim of the study is, to examine the relationship between triguna, coping strategies and anxiety in early adulthood, living in Bangalore, India. The method of sampling employed was purposive sampling and snowball sampling. Data was collected through questionnaires which were then scored and analyzed. Pearson's Product Moment Correlation was adopted to analyze the results.

Objectives: 1. To determine the association between the trigunas and coping strategies in early adults. 2. To determine the association between the trigunas and anxiety in early adults. 3. To determine the association between the anxiety and coping strategies in early adults.

Methods: Sample selection- Purposive sampling and snow ball sampling method was adopted. The sample consisted of 100 individuals in early adulthood(50 male and 50 female), currently pursuing education. Assessment Tools: 1. Inertia Activity and Stability (IAS) Rating Scale –Mathew (1995) 2. Coping strategy scale – COPE Scale by Carver, Scheier, and Weintraub, (1989) 3. Anxiety scale – Hamilton Anxiety Scale by Maier, Buller, Philipp, and Heuser,(1988) Statistical analysis: Descriptive statistics: 1. Mean 2. Standard deviation

Results: The results are presented and discussed in the following format. Section 4.1- Description of the sample Section 4.2- gender differences on triguna, anxiety and coping strategies Section 4.3- Association between Triguna, Anxiety and coping strategies in the group.

Conclusions: There are no gender differences in men and women in triguna, coping strategies and anxiety. There is significant correlation between triguna and anxiety. There is significant correlation between triguna and coping strategies. There is significant correlation between coping strategies and anxiety.

Conflict of interest: No

Keywords: coping strategies; Triguna; Anxiety; Early Adulthood

EPV0869

The impact of ADHD symptomatology on everyday life

M. Vňuková*, R. Ptáček, J. Raboch, M. Stehlíková and S. Tkáčová

First Faculty of Medicine, Psychiatry, Prague, Czech Republic

*Corresponding author.

Introduction: ADHD has a significant impact on the lives of individuals. At present, there is little available literature on the relationship between ADHD symptoms and time perception in adults. We know from practice that individuals with ADHD are affected by a lack of time perception and face many difficulties associated with their functioning in everyday life.

Objectives: The main hypothesis of the qualitative part of this study is that ADHD symptomatology has an impact on the daily functioning of individuals even in adulthood. It manifests itself primarily as difficulties with the punctuality and organization of their own time.

Methods: Data collection is carried out using a combination of qualitative and quantitative methodology. Based on the results of the quantitative part, participants were invited to various parts of the qualitative part of the research. In this section, we have examined, through in-depth interviews, to what extent they themselves experience the problems associated with ADHD symptomatology and whether they perceive the impact of this diagnosis on their daily lives.

Results: The data collected confirm our main hypothesis that ADHD symptomatology has an impact on the daily functioning of individuals even in adulthood. Unlike peers with reduced or no symptomatology of ADHD, these people are more likely to

experience time-related problems, need to plan their day carefully, and yet often experience problems such as late arrivals due to lack of anticipation.

Conclusions: We see that the importance of a balanced time perspective for general life satisfaction should not be underestimated.

Disclosure: Financial support : GA ČR - 18 -112 47 S

Keywords: time management; ADHD; lifestyle

EPV0870

The meaning of ethnic violence in terms of dissociative identity disorder in transitional societies

H. Yıldız

özel cihan hastanesi yenişehir mah.özden sok.no:35, Psikiyatri, izmit/kocaeli, Turkey

Introduction: In the communities which have not fully completed nationalization process and which have not integrated in common terms regarding cultural, intellectual, economical and spiritual aspects, a chaotic and multi-sectional appearance is being monitored. While existence of oppressed nation is lost within the identity of oppressing nation, identity of oppressed nation can continue to live in the identities of individuals constituting the identity of oppressed nation. As a result in the individuals of the oppressed nation more than one identity can form.

Objectives: The main objective of the thesis is to find out the archaic components of social and personal behaviour in the transitional societies and to explicate the archaic psychic process of the ethnic conflict. The following points will be studied.: * Etiology of dissociative identity disorder in the diverse ethnic societies * Alienation phenomenon and attachment issue of ethnical elements in the transitional society * Bowlby's attachment theory * Dissociative identity disorder as a defense way * Lacan and structure of subconscious * Narcicism as a defense mechanism

Methods: Qualitative method will be utilised. Retrospective analysis will be conducted while investigating the mass murder in Bilge Village.

Results: In this thesis, we study cultural, political, intellectual and anthropological characteristics of transition societies.

Conclusions: The study fills important gaps in the field of ethnic psychiatry. The size and magnitude of the impacts of Bilge Village mass murder have not been investigated before. Instead of considering this as a simple dispute or a murder case, it is required to enlighten archaic thinking and spiritual processes.

Conflict of interest: No

Keywords: transitional societies; dissociative identity; ethnic violence; defense mechanisms

EPV0871

Cognitive and emotional correlates of perceived stress and negative affect in college students: preliminary results of a longitudinal study

A.P. Amaral^{1*}, M.J. Soares², A.T. Pereira², S. Bos², V. Nogueira², N. Madeira², C. Cabaços² and A. Macedo²

¹Polytechnic of Coimbra, Coimbra Health School, Coimbra, Portugal and ²University of Coimbra, Faculty of Medicine, Department of Psychological Medicine, Coimbra, Portugal

*Corresponding author.

Introduction: The negative effect of stress is associated with prolonged activation of physiological stress response systems, which can be exacerbated by certain dysfunctional cognitive processes such as negative repetitive thinking and some cognitive strategies of emotion regulation.

Objectives: To analyse if stress and negative affect in college students were associated with preceding levels of stress, repetitive negative thinking, cognitive emotion regulation strategies and negative affect evaluated one year before.

Methods: This longitudinal study employed a number of follow-up measures: PSS10, PoMS, PTQ15 and CERQ. Participants: 272 college students (80.1% female), with mean age of 19.3 years (SD=1.9) were assessed at T0 (baseline) and T1 (1 year later). Spearman's and Pearson's correlations were used, appropriately.

Results: Perceived stress and negative affect at T1 respectively, presented significant correlations ($p < 0.01$) with certain variables measured at T0: perceived stress ($r = .513$; $r = .451$), negative affect ($r = .362$; $r = .541$), perseverative thinking ($r = .351$; $r = .299$), and certain cognitive emotion regulation strategies as Rumination ($r = .233$; $r = .290$), Self-blame ($r = .259$; $r = .239$), and Catastrophizing ($r = .242$; $r = .266$).

Conclusions: Results suggest that perceived stress and negative affect remains stable after 1 year. Significant and positive associations were found between perceived stress and negative affect at T1 and several cognitive and emotional variables measured 1 year earlier. Why perceived stress and negative affect remains stable after 1 year is unclear. In future studies it will be important to investigate the mediation role of perseverative thinking and cognitive emotion regulation strategies in the maintenance or intensification of perceived stress and negative affect over time.

Conflict of interest: No

Keywords: stress; negative affect; Rumination; self-blame

EPV0872

A factitious disorder case report: all is a lie?

M. Bravo Arráziz^{1*}, V. Mainar De Paz² and C. Martín Alvarez³

¹Hospital Universitario Severo Ochoa, Psiquiatría, Madrid, Spain;

²Centro de Salud Mental Maresme Nord, Psiquiatría, Barcelona, Spain and ³Hospital Universitario de Fuenlabrada, Psiquiatría, Madrid, Spain

*Corresponding author.

Introduction: Factitious disorder is a mental illness based on the deliberate production of symptoms in order to receive medical attention or assume the sick role. As one of the main clinical challenges for the mental health professional community, it often awakes in professionals intense countertransference reactions that may come to question the veracity of other medical or biographical aspects of the patient's history, beyond the pretended symptom.

Objectives: Based on the presentation of a case report, a review of the clinical characteristics of the factitious disorder is proposed, with special emphasis on the management of the therapeutic relationship.

Methods: Case report and literature review.

Results: A 38-year-old woman with a referred actual history of malignant brain tumour was admitted to our mental health unit due to symptoms of anxiety, depression with suicidal ideation and high alcohol consumption. Concurrently she described a recent traumatic loss as well as a biography exhibiting early and maintained traumatic experiences. During the hospital stay, fake medical reports were discovered and a computed tomography (CT) was done, which didn't detect any abnormality. She was diagnosed of factitious

disorder and, in this context, the suspicion of the veracity of the reported biographical facts and psychological symptoms arose.

Conclusions: Factitious disorders make the clinician to face not only a diagnostic challenge but also a therapeutic one. Therefore, both knowing the psychological motivations associated with the symptom's origins, and showing a genuine interest far from value judgments, deemed to be necessary for an appropriate clinical approach.

Conflict of interest: No

Keywords: factitious disorder

EPV0879

Styles of upbringing of children with different somatic health status

T. Goryacheva* and D. Komolov

Pirogov Russian National Research Medical University, Psychological-social Faculty, Moscow, Russian Federation

*Corresponding author.

Introduction: In our study we use the different somatic health status regarding children as belonging to the first, second and the third health group. The first group includes healthy children with normal physical and mental development; the second group includes children without chronic somatic diseases, but with functional and morpho-functional disorders. The third group includes children suffering from chronic diseases in remission, with intact or compensated functional capabilities, while the degree of compensation should not limit the possibility of training or work.

Objectives: The research aim is establishing the role of such factor as the family upbringing in formation of psychicality.

Methods: The study involved 60 mothers aged 27 to 40 years with children of 7-8 years old belonging to the first, second and third health groups (20 people in each group). The study was carried out using the inventory Analysis of Family Interaction including 11 scales reflecting the characteristics of parenting style.

Results: In families of children of the second and third health groups, the style of parent-child relationships is represented by a combination of symbiosis and / or hyperprotection; instability of the upbringing style with the desire to infantilize a child with a special somatic status. A similar trend is more characteristic of mothers of children of the third health group.

Conclusions: Thus, the unfavorable style of family upbringing in the form of dominant hyperprotection, the inconsistency of the upbringing strategy and the tendency to symbiotic communication in mothers whose children have chronic somatic pathology can lead to impaired formation of bodily functions in children.

Conflict of interest: No

Keywords: somatic health status; family upbringing

EPV0881

Success rates of smoking cessation therapies to patients with mental illness by video consultants or by treatment in the community: a randomized controlled trial

P. Hjorth^{1*} and M. Sørensen²

¹Psychiatry, Region of Southern Denmark, Vejle, Vejle, Denmark and ²Psychiatry, Region of Southern Denmark, Outpatients Clinics, Vejle, Denmark

*Corresponding author.

Introduction: Smoking is probably the one single factor with the highest impact on reducing the life expectancies of patients with mental illness. This is due to high injurious to health and high rates of smoking among patients with mental illness. In Denmark, 38.8% of patients with mental health problem are smoking. Patients may have problem in participating in ordinary smoking cessation programs offered in the community, but they are concerned about the impact of tobacco use on their health and finances and are motivated to stop smoking. Videoconferencing addressing smoking cessation might be an alternative to ordinary consultation at the clinic because the patients can access the treatment at home.

Objectives: We aimed to compare rates of smoking cessation in two interventions

Methods: All patients diagnosed with schizophrenia, bipolar disorders or depression receiving treatment and care for mental illness in outpatient clinics will be eligible for inclusion in the study. Measures: Primary outcome is changes in number of cigarettes smoked pr. patients per day in mean at 6-month follow-up. Secondary outcome is abstinence from smoking at 6-month follow-up. This is a two-arm randomized controlled trial. 1. Daily video consultants tailored to the individual patients at the start of smoking cessation and the months after. 2. Treatment as usual consistent of smoking cessation treatment in the community by weekly consultants. Sample size: The smallest number to conclude will be 53 patients in each of the two arms

Results: We will start including patients ultimo 2019 and by April 20220 we will have preliminary results

Conclusions: No conclusion yet

Conflict of interest: No

Keywords: randomized controlled trial; smoking cessation; video

EPV0882

Hysteria or frontotemporal dementia: the importance of clinical evolution in psychiatric diagnosis

Á. Izquierdo De La Puente^{1*}, P. Del Sol Calderón¹, M. Garcia Moreno¹, M. Vizcaíno Da Silva¹, O. Mendez Gonzalez¹, A. Rodríguez Rodríguez¹, R. Fernández Fernández², R. Blanco¹, I. González-Villalobos Rincón¹ and M. Martín¹

¹HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain and ²Hospital Universitario HM Puerta del Sur, Psychiatry, Mostoles, Spain
*Corresponding author.

Introduction: We presented a case of a 60-year-old woman with a previous diagnosis of histrionic personality disorder who, after a torpid evolution, is diagnosed with frontotemporal type dementia.

Objectives: The objective is to make a brief review of the relationship between the behavioral alterations typical of cluster B personality disorders and this type of dementia, as well as to point out the importance of the evolution in the psychiatric diagnosis.

Methods: In the last two years, she has presented multiple autolytic attempts through drug overdoses because of the economic debts, which she acquired like a repetitive behaviors and with a certain compulsive component. She has also presented episodes of sexual disinhibition in public, uncontrolled alcohol consumption and an increase in impulsive behaviors, such as screaming in an uncontrolled manner and in any situation. It also presents apathy, anxiety and poor empathy with those around it, along with little awareness of the magnitude of the problems.

Results: The SPECT and a neuropsychological evaluation showed alterations in the areas of the inhibitory control, programming, in planning and sequencing. In this way, the patient has been diagnosed with frontotemporal dementia.

Conclusions: Frontotemporal dementia is the most common form of dementia under 65. It courses with behavioral alterations, disinhibition and high impulsivity. The absence of insight by patients is frequent. As for the treatment, it has a poor response. Acetylcholinesterase inhibitors are contraindicated. It seems that a mild response has been seen with the association of topiramate with fluvoxamine for the treatment of impulsivity and alcohol consumption.

Conflict of interest: No

Keywords: Hysteria; frontotemporal dementia; diagnosis

EPV0883

Supporting obese patients through mobile health approaches: aren't we forgetting mental health?

S. Silva¹, F. Cunha¹, D. Melo², T. Santos³, S. Soares⁴, N. Madeira^{5*} and I. Oliveira¹

¹University of Aveiro, Department of Electronics, Telecommunication And Informatics (dети)/Institute of Electronics And Informatics Engineering (ieeta), Aveiro, Portugal; ²University of Aveiro, Department of Education And Psychology, Aveiro, Portugal; ³Baixa Vouga Hospital Centre, Psychiatry And Mental Health Department, Aveiro, Portugal; ⁴William James Center for Research, University of Aveiro, Department of Education And Psychology, Aveiro, Portugal and ⁵University of Coimbra, Faculty of Medicine, Department of Psychological Medicine, Coimbra, Portugal

*Corresponding author.

Introduction: Obesity is one of the most concerning diseases around the globe considerably impacting the prevalence of a wide range of health conditions, e.g., type-2 diabetes, heart disease, and sleep deprivation. Mobile health – mHealth – approaches have been proposed to tackle different aspects concerning obesity, such as nutrition and physical exercise. However, the adherence to these tools is often poor, mostly resulting from a rapid decrease in motivation. In this regard, addressing mental health, paramount in understanding and supporting obese patients throughout the challenging course of their treatment, might also contribute to potentiate the impact and patient prognosis for mHealth-supported intervention.

Objectives: To gather a critical panorama regarding if and to what extent the mental health perspective is being considered in the scope of mHealth approaches to support obese patients.

Methods: A literature review was performed covering recent contributions for the design, development, and evaluation of mHealth approaches to support obese patients. Relevant studies were critically analysed to identify the involvement and role of clinicians, in this context.

Results: Most works originate from teams that do not consider the mental health perspective as part of the proposed approach. In cases where strategies to improve motivation are adopted, they mostly rely on gamification of the physical or nutritional intervention. Patient adherence and motivation are a major issue.

Conclusions: This overview emphasizes the importance and need of a stronger involvement of clinicians in the mHealth effort for obesity, bringing forward mental health and wellbeing as a stronger point for obesity intervention.

Conflict of interest: No

Keywords: obesity; eating disorders; mobile health

EPV0885

Resilience and social cognition in entrepreneurs within the vulnerable context of the base of the pyramid in the Cristo Rey neighborhood Santa Marta, Colombia

A. Guardiola Esmeral¹, K. Pérez Correa^{2*}, L. Pedraza Álvarez³ and L.F. Miranda⁴

¹Universidad Cooperativa de Colombia, Facultad Ciencias Contables Administrativas Y De Comercio Internacional, Santa Marta, Colombia;

²Universidad Cooperativa de Colombia, Facultad De Psicología, Santa Marta, Colombia; ³Universidad del Magdalena, Facultad De Ciencias De La Salud, Santa Marta, Colombia and ⁴Universidad del Magdalena, Facultad De Educación, Santa Marta, Colombia

*Corresponding author.

Introduction: In the Cristo Rey neighborhood located in the city of Santa Marta, there is a large segment of the population that has been displaced by violence since the late 90s and early 2000s.

Objectives: The objective of the present investigation is comparing the resilience with respect to the social cognition in entrepreneurs, in the context of the base of the pyramid in the study area.

Methods: This research has a Non-experimental, cross-sectional and field design, besides a quantitative paradigm, with a sample of 55 entrepreneurs within the context of study. The Resilience Scale (RS-14) (ER-14) of 14 items by Wagnild, was applied; (2009c) which allowed us to review the relationship between resilience and the test of empathy of Baron Cohen's (TdIM- El Test de la Mirada) For social cognition in entrepreneurs of the vulnerable context. An instrument with Likert-type scale was used, this was validated with a Cronbach's alpha coefficient and the judgment of experts, the analysis was by ANOVA and SPSS.

Results: Inferential statistics results delivered a Goodness of fit equivalent to $R^2 = 0.472$ which shows greater resilience and greater adjustment to social cognition, which is reflected in the entrepreneurs personality

Conclusions: Fact of assuming the circumstances and overcoming the internal difficulties with the Catchphrase "we must move forward" generates a force and security for the development of entrepreneurship within this context of the population. Therefore, it is recommended to apply studies and fieldwork that promote entrepreneurship in these groups of resilient people.

Conflict of interest: No

Keywords: Social Cognition; entrepreneurs; Resilience; vulnerable

EPV0887

Dissociative phenomena in psychiatric patients

E. Ramos García*, Á. Martínez Fernández, A. Muñoz Domenjó, R. Molina Cambra, M. García-Poggio Fernández-Renau, F. L. Bianchi Ramos, R. Sagarra Arruego, M. Hernández Barrera and M. Ortega Moreno

Hospital Universitario de Móstoles, Psiquiatría, Móstoles, Madrid, Spain

*Corresponding author.

Introduction: Dissociative symptoms are very heterogeneous. Their prevalence in our field is 8.9% in general population, and it

is even higher in patients with psychiatric pathology. However, there are still some difficulties for their identification in clinical practice.

Objectives: The aim of this study is to make a review on dissociative disorders, basing on a real clinical case.

Methods: A review on dissociative disorders was made with regard to the case of a 36-year-old woman with a history of psychotic disorder and personality disorder not otherwise specified, who presented a sudden episode of immobility, mutism, lack of response to stimuli, fever and tachycardia. Once organic etiology was ruled out, intramuscular aripiprazole was prescribed, since a new psychotic decompensation was suspected. Three days later, there was a complete remission of the symptoms, and no psychotic, affective or behavioral alterations were observed. The final diagnosis was a "dissociative episode not otherwise specified".

Results: In scientific literature, dissociation has been associated with a greater burden of mental illness and a worse response to treatment. The highest dissociation rates occur in dissociative disorders, post-traumatic stress disorders and borderline personality disorders, but dissociative symptoms can also be associated with other diseases such as psychotic disorders, with which the differential diagnosis can be particularly complicated.

Conclusions: Dissociative symptoms are very ubiquitous. Given that its association with multiple mental disorders has been described, it is essential in all cases to carry out an exhaustive psychopathological evaluation and an adequate differential diagnosis, due to the prognostic and therapeutic implications.

Conflict of interest: No

Keyword: dissociation

EPV0889

Connection between the cognitive style and coping strategies of the HIV-positive young patients

E. Sedova*, Z. Gardanova, I. Shashkin and V. Ilgov

Pirogov Russian National Research Medical University, Psychological-social Faculty, Moscow, Russian Federation

*Corresponding author.

Introduction: The number of HIV-positive patients is increasing every year in Russia and tends to step over one-million mark, including a large number of the young people among them. The youth is the period when a person is most open to the future. Due to modern pharmacotherapy the HIV infection becomes not a lethal one, but a chronic disease, but still the confrontation with such diagnosis as HIV seems to be a powerful traumatic event in the life of a young person.

Objectives: The research aim is to define the connection of the cognitive style with the coping strategies of the HIV-positive young patients.

Methods: The research sample consists of the 67 HIV-positive young people in the age of 18 to 25 years, 47 males and 20 females with the duration of disease from several months to seven years. The research methods include: Utkin's EFT Test, the Life Style Index and the Adolescent Coping Scale in Kryukova's adaptation.

Results: The research results show that there are some correlations between field independence and the coping strategies, but we have not registered a direct connection between such characteristic of the cognitive style as the field independency with the productive coping strategies as we have supposed. The field independent patients are

prone to self-accusation and anxiety which are considered as non-productive strategies.

Conclusions: The obtained results can be used in the psychological support and psychotherapy of the HIV-positive patients.

Conflict of interest: No

Keywords: HIV; coping strategy; cognitive style

EPV0890

The difference of the psychological characteristics of the patients with hypochondriac and anxiety-depressive disorders

E. Sedova*, Z. Gardanova, P. Sobol and A. Burma

Pirogov Russian National Research Medical University, Psychological-social Faculty, Moscow, Russian Federation

*Corresponding author.

Introduction: Differential diagnostics of the hypochondriacal and anxiety-depressive disorder still remains an issue. The symptomatic picture of somatic complaints adds more difficulties and that can lead to various medical errors and conflicts.

Objectives: The research aim is the analysis of individual personality characteristics of the patients with the hypochondriacal and anxiety-depressive disorders.

Methods: The research sample includes 74 patients in the age 19-45 years: (1) Experimental group A, 25 persons with the diagnosis 45.2 Hypochondriacal disorder – 12 males and 13 females; (2) Experimental group B, 23 persons with the diagnosis 41.2 Mixed anxiety and depressive disorder - 10 males and 13 females; (3) Control group – 26 persons (12 males and 14 females) with no neurological or psychiatric disorder. Research methods: Viability test in Osina & Rasskazova adaptation; Tolerance-Intolerance Scale in Kornilova's modification; Zalevskiy's Inventory of Rigidness; Beck Depression Inventory; Hamilton Depression Inventory; Spielberger State-Trait Anxiety Inventory.

Results: The research shows that the patients with the depression-anxiety disorder have more pronounced depression than those with hypochondriacal disorder, who have a medium level. The patients with the mixed disorder have the high level of both state and trait anxiety whereas the hypochondriacal patients demonstrate a high level of the state anxiety and a medium one of the personal anxiety. The hypochondriacal patients also show a low level of viability which means that their relations with other people are limited, they feel fear and helplessness.

Conclusions: Those data can be applied in differential diagnostics as well as when designing a program of psychotherapeutic help for those patients.

Conflict of interest: No

Keywords: hypochondriacal disorder; anxiety-depressive disorder

EPV0892

Nine premises of why physicians have little interest in scientific theories on human sciences: reflections and proposals for medical educators

E. Turato

University of Campinas, Medical Psychology And Psychiatry, Campinas, Brazil

Introduction: Medical Education consists of a complex process on development of medical students' and physicians' intellectual

capacity and feelings. This speculative work proposes a set of core hypotheses. It seeks to display nine premises of how their process would occur: ideological, historical-philosophical, sociological, and psychological. Medical educators could investigate these propositions from the viewpoint of humanistic theories.

Objectives: The focus of this paper should lead the reader to have clarity on such object of study, noticeably not confusing to have interests in psychosocial life experiences with to be able to integrate psychosocial theories to medical sciences.

Methods: We consider that Medicine is not a biological, psychological nor sociological entity itself, but it is an institutionalized socio-cultural practice, in the sense that Medicine is a millennial human conception and activity built in History, such as Politics, Arts, Religion, Academy and so on. The angle here contemplated tries to consider the medical sciences in their strict sense.

Results: I - PREMISES OF IDEOLOGICAL NATURE. Medical communities are immersed with low self-consciousness. II - PREMISES OF HISTORICAL-PHILOSOPHICAL NATURE. Students learn medical sciences, which were born historically from studies of the human body. III - PREMISES OF SOCIOLOGICAL NATURE. Knowledge and Reality are constructed naturally from nets of transmission of official academic knowledge. IV - PREMISES OF PSYCHOLOGICAL NATURE. College students have interests that respond to their deep subjective personal antecedents.

Conclusions: It is necessary to instigate medical schools' leadership to expand their comprehension about students as a human product from both History and their individual experiences of life.

Conflict of interest: No

Keywords: Qualitative Research; Medical Sociology; medical education

EPV0894

Capgras syndrome

R. Del Hoyo Mitjans*, B. Ezquerro, A. Carpintero Solano, M. Esteban Gavilán, P. Marquez Martín and C. López Vicente

Hospital Universitario de Guadalajara, Psychiatry, Guadalajara, Spain
*Corresponding author.

Introduction: 77-year-old female which carries out follow-up in Psychiatry with diagnoses of moderate OCD and anankastic personality disorder. In treatment with pregabalin 75mg/8h, alprazolam 0.5mg/8h and paroxetine 20mg/24h. She is brought to the emergency department due to hetero-aggressivity towards her husband. The patient says that her husband has left home and that a man who is physically similar has impersonated him. Both she and her companion recognize several similar episodes of short duration in the last year.

Objectives: During the interview upon arrival to the Emergency Department she is approachable and collaborative. Sometimes shows an irritable attitude due to zero awareness of her illness. Her speech is focused on ideas of harm in relation to the delirium of her husband's false identity. However, she does not present such ideas outside home. Blood test, a CT scan and an electroencephalogram were performed with results all within normality.

Methods: She is repeatedly brought to the Emergency Department due to the persistence of symptoms despite the treatments prescribed: haloperidol 2.5mg and olanzapine 5mg. Finally she is hospitalized for a week starting treatment with risperidone 3mg.

Results: At discharge, the patient maintains delusional ideation in the background without emotional impact. She is diagnosed with Delusional Misidentification Syndrome (Capgras Syndrome).

Conclusions: According to the literature reviewed, several etiological theories are proposed: a possible disconnection between the limbic regions (responsible for emotions) and the occipito-temporal cortex (facial recognition); lesions in right frontoparietal areas; or failures in information processing.

Conflict of interest: No

Keywords: Capgras syndrome; capgras; Delusional Misidentification

EPV0897

Frontotemporal dementia - diagnostic problems

A. Skiba, M. Filip* and P. Galecki

Medical University of Lodz, Department of Adult Psychiatry, Lodz, Poland

*Corresponding author.

Introduction: Frontotemporal dementia - diagnostic problems
Introduction: Frontotemporal dementia (FTD) is a group of a progressive neurodegenerative disorders caused by nerve cell loss in the brain's frontal and temporal lobes. These areas of the brain are generally associated with personality, behavior and language. FTD is generally considered to be the second most common cause of early-onset neurodegenerative dementia. It is often misdiagnosed as a psychiatric problem or as Alzheimer's disease. An accurate recognition is important in order to receive the appropriate treatment and alleviate symptoms, however, there is still no cure for this disorder.

Objectives: The aim of the study was to present a case report of patient diagnosed for frontotemporal dementia.

Methods: Case report

Results: Patient aged 65. Hospitalized for the first time in 2017, in ambulatory care since 2017. Firstly diagnosed with major depressive disorder, recurrent, severe with psychotic symptoms (F33.3). During second hospitalization in 2018 patient experienced a high level of anxiety, emotional lability, behavioral disorganization and difficulties in speech production.

Conclusions: Conclusion: The diagnosis of FTD is a difficult task and it requires a multidisciplinary approach. Its prevalence is likely underestimated due to lack of an appropriate recognition. Adequate treatment should be used to help improve quality of patient's life.

Conflict of interest: No

Keywords: Frontotemporal; dementia; neurodegenerative disorders

EPV0898

Evaluation of physical health monitoring in a high secure forensic setting

R. Freeman* and A. Daud

West London NHS Trust, Broadmoor Hospital, Crowthorne, United Kingdom

*Corresponding author.

Introduction: In Broadmoor Hospital, patient uptake of routine physical health checks (examinations, blood tests and electrocardiograms) prior to the six-monthly Care Programme Approach (CPA) meeting, is felt to be lacking. Furthermore, when a patient declines any or all of these checks, their 'Physical Health CPA

Report' usually neglects to mention the reason for refusal, number of attempts made or if capacity was assessed.

Objectives: This service evaluation aimed to measure patient uptake of, and junior doctor documentation around, pre-CPA physical health checks across three wards within the hospital's personality disorder directorate; an admission, a high dependency and a rehabilitation ward.

Methods: Each patients' four most recent CPA reports prior to 01/11/2019 were studied. It was documented whether they declined any aspect of their pre-CPA physical health checks and if reference was made to the reason for refusal, number of attempts made or if capacity was assessed.

Results: Thirty-two patients generated one hundred CPA opportunities. 59% of CPA reports were unavailable. Documentation was missing or past results were recorded on nine (22%) occasions. Sixteen (39%) patients declined one or more aspect of their physical health checks. On three (19%) occasions, a reason was given. On one (6%) occasion, number of attempts was recorded and on no occasion was a capacity assessment recorded.

Conclusions: This service evaluation has affirmed the suspicion of deficiencies in patient uptake of, and junior doctor documentation around, pre-CPA physical health checks. It is hoped that these results can be used to justify a larger project aiming for hospital-wide improvement in these areas.

Conflict of interest: No

Keywords: physical health; forensic; CPA

EPV0899

Unlocking the mind: understanding the impact of mindfulness meditation on the cognitive functioning of children with ADHD

M. Gottlieb*, H. Bigelow and B. Fenesi

Western University, Faculty of Education, London, Canada

*Corresponding author.

Introduction: Mindfulness meditation has received attention as a potential alternative or adjunct treatment for Attention Deficit Hyperactive Disorder (ADHD) in children. While pharmacological interventions are commonly used, they have side-effects that may impact quality of life. Thus, there is an urgent need to identify alternative treatments that target ADHD symptoms and support overall well-being.

Objectives: Examine the impact of a 10-minute mindfulness meditation session on cognitive functioning and learning in 20 children with ADHD (ages 10-14).

Methods: We use a pre-post within-subjects design whereby participants first complete a battery of cognitive tests assessing attention, working memory, inhibitory control, and learning. Participants then engage in a 10-minute pre-recorded guided mindfulness meditation session (experimental group) or a silent reading session (control group). Participants then complete modified versions of the cognitive and learning tests. We also use functional near-infrared spectroscopy (fNIRS) to measure changes in brain activation within the prefrontal cortex during the cognitive and learning tasks. This protocol allows us to evaluate whether brief a mindfulness meditation bout supports greater prefrontal cortical activity, and consequently promotes cognitive functioning.

Results: The study is ongoing, with results to be presented at the congress. We predict that mindfulness meditation will improve

prefrontal cortical functioning (relative to silent reading), which will directly impact enhanced performance on cognitive and learning tasks.

Conclusions: These findings will allow us to better understand how mindfulness meditation impacts cognitive functioning in children with ADHD and potential underlying neural processes. Results will have implications for the practical use of brief mindfulness meditation interventions for children with ADHD.

Conflict of interest: No

Keywords: ADHD; Youth; Meditation; Neuroimaging

EPV0901

Algoneurodystrophy: the missing diagnosis

V. Henriques^{1*} and S. Henriques²

¹Hospital Garcia de Orta EPE, Psychiatry, Almada, Portugal and

²Hospital Central do Funchal, Psychiatry, Funchal, Portugal

*Corresponding author.

Introduction: Algoneurodystrophy is a rare and underdiagnosed disease, with clinical diagnosis based on typical signs of neuropathic pain, pseudoparalysis, swelling and vasomotor and autonomic signs localized in an extremity without an identifiable nervous lesion. In the early clinical presentation it may be necessary to perform differential diagnoses with various pathologies: rheumatic, orthopedic, infectious, vascular and psychosomatic (conversion disorder). Early diagnosis and multidisciplinary treatment are essential to avoid sequels or evolution to chronicity.

Objectives: To present a case report of a patient with major depressive disorder and a diagnosis of a functional syndrome that was later correctly diagnosed with algoneurodystrophy.

Methods: Presentation of a clinical case supported by a non-systematic review of the literature with the key-words "algoneurodystrophy", "functional syndrome", "conversion disorder" and "pseudoparalysis".

Results: A 45-year-old female patient with a history of major depressive disorder was repeatedly referred to the emergency department for a clinical condition characterized by depressive mood and complaints of decreased strength of the right upper limb. After medical examination, she was diagnosed with a functional syndrome (conversion disorder). Weeks later, the patient presented a worsened clinical condition, with pseudoparalysis of the right upper limb, pain, swelling, and functional impairment. After several diagnostic tests, she was diagnosed with algoneurodystrophy and rehabilitation treatment was started.

Conclusions: This case report highlights the importance of conducting a careful medical history. A high level of suspicion is required for the diagnosis of algoneurodystrophy. Early diagnosis of this entity is essential, as it determines a better prognosis for the patient.

Conflict of interest: No

Keywords: algoneurodystrophy; functional syndrome; pseudoparalysis; conversion disorder

EPV0902

Epilepsy and non-aggressive criminal acts: a case report and a review of the literature

L. Ilzarbe^{1*}, G. Anmella², M. Carreño³, N. Freixa⁴, N. Arbelo¹, C. Llach¹, L. Pintor⁵ and M. Balcells-Oliveró⁴

¹Institute of Neuroscience/Hospital Clínic de Barcelona, Psychiatry And Psychology, Barcelona, Spain; ²Hospital Clínic de Barcelona, Bipolar And Depressive Disorders Unit, Department of Psychiatry And Psychology, Barcelona, Spain; ³Hospital Clínic de Barcelona, Epilepsy Unit, Department of Neurology, Neuroscience Institute, Barcelona, Spain; ⁴Hospital Clínic de Barcelona, Addictive Behaviours Unit, Department of Psychiatry And Psychology, Neuroscience Institute, Barcelona, Spain and ⁵Hospital Clínic de Barcelona, Psychosomatic And Liaison Psychiatry Unit, Department of Psychiatry And Psychology, Neuroscience Institute, Barcelona, Spain

*Corresponding author.

Introduction: Aggressive behaviours have been commonly associated with epileptic seizures. However, little is known about non-aggressive criminal acts. We present the case of a 57-year-old man with temporal lobe epilepsy treated with carbamazepine who apparently committed a non-aggressive homicide by poisoning two family-members with carbamazepine during a postictal state, mainly consisting of psychomotor retardation.

Objectives: To determine the association between non-aggressive criminal acts and epilepsy.

Methods: We conducted a non-systematic review of literature about the association between criminal acts without aggressiveness and epilepsy.

Results: Aggressive homicides are frequently committed during the ictal or postictal phases, are sudden in onset, unplanned, short in duration, and characterized by partial amnesia of the episode. In our patient, all these characteristics are present except for aggressiveness. Moreover, inadequate compliance of treatment, regression of cognitive functions and alcohol use are factors that may have contributed to the homicidal behaviour. No evidence has been previously reported on patients with epilepsy committing homicide by inducing drug overdose in others. In this sense, anti-epileptic drugs have been used for suicidal behaviours in patients with epilepsy, without use reported towards other people.

Conclusions: There is a lack of evidence on the association between epilepsy and non-aggressive criminal acts. Nonetheless, according to our case, most characteristics seem to be shared with aggressive behaviours in epilepsy, including the phase of action, the lack in planification, and subsequent amnesia. Further research is necessary to clarify the nature of this relation, in order to determine the criminal responsibility of this patient.

Conflict of interest: No

Keywords: non-aggressive; Epilepsy; criminal responsibility; postictal psychosis

EPV0908

Impact of patient's treatment (psychopharmacological vs ECT) on caregiver's functionality.

N. Salvat^{1,2*}, J. Labad¹, M. Urretavizcaya², A. De Arriba-Arnau², J. M. Crespo², J.A. Monreal¹, D. Palao Vidal¹, J. Menchon Magrina² and V. Soria²

¹Parc Taulí Hospital Universitario, I3PT, UAB, CIBERSAM, Salut Mental, Sabadell, Spain and ²Bellvitge University Hospital -IDIBELL-CIBERSAM, Psychiatry, Barcelona, Spain

*Corresponding author.

Introduction: Taking care of a sick family member carries negative consequences such as anxious and depressive symptoms, caregiver

burden and poor functioning. The type of treatment received by the patient could affect caregiver's functionality.

Objectives: To assess the effect of patient's treatment [psychotropic drugs or electroconvulsive therapy (ECT)] on caregiver's functionality.

Methods: Forty carers of patients with serious mental disorders (22 receiving ECT and 18 receiving drugs) were recruited. Multiple linear regression analyses were performed to assess the effect of treatment type (drugs vs ECT) on caregiver's functionality (Sheehan Disability Inventory), controlling for variables of caregivers (gender, age, socioeconomic status, caregiving duration, global health, depressive symptoms, perceived stress, burden) and patients (age, clinical severity).

Results: Caregiver psychopathological status, burden and functionality did not differ between groups. ECT patients suffered more episodes of their disorder and more hospitalizations. Although patients receiving ECT could have a more severe long-term course of the disorder, thus expecting greater disability in their caregivers, results showed that treatment type did not have an effect on caregiver's functionality. But the total number of ECT treatments was associated with better caregiver functionality.

Conclusions: Better functionality in caregivers of patients having received more ECT sessions suggests that frequent contact with diverse professionals who take care of patients (i.e. doctors, nurses) would lead to better perception of caregiver's own functionality. Although caregivers must accompany patients to the ECT unit and deal with changes in their routines, prolonged ECT treatment (namely, maintenance ECT) could ultimately have a beneficial effect on caregiver's functionality.

Conflict of interest: No

Keywords: ECT; functionality; Caregiver burden; Sheehan Disability Scale

EPV0909

Online time among adolescents and young adults: the relation between psychotic-like experiences and problematic internet use

O. Santesteban-Echarri^{1*}, A. Goreis², J. Kafka³, C. Scharinger⁴, J. Addington¹, A. Felnhofer³, N. Mossaheb⁵, P. Plener⁶ and O. Kothgassner⁴

¹University of Calgary, Psychiatry Department, Calgary, Canada;

²University of Vienna, Department of Applied Psychology: Health, Development, Enhancement And Intervention, Faculty of Psychology, Vienna, Austria; ³Medical University of Vienna, Department of Pediatrics And Adolescent Medicine, Vienna, Austria; ⁴Medical University of Vienna, Department of Child And Adolescent Psychiatry, Vienna, Austria; ⁵Medical University of Vienna, Department of Psychiatry And Psychotherapy, Clinical Division Of Social Psychiatry, Vienna, Austria and ⁶Medical University of Vienna, Department of Child And Adolescence Psychiatry, Vienna, Austria

*Corresponding author.

Introduction: Psychotic-like experiences (PLE) are usually a transitory state, and most individuals will not transition to psychosis. However, individuals with PLE may experience symptoms such as social anxiety, which may lead to choosing the Internet as a preferred means of social interaction.

Objectives: To examine the relation between PLE and problematic Internet use (PIU).

Methods: Data from an online questionnaire (N = 280; M = 23.9 years old; 55 % male) was analyzed. Measures: PLE were

assessed with the Early Recognition Inventory/Interview for the Retrospective Assessment of the Onset of Schizophrenia (ERiraos); PIU with the Compulsive Internet Use Scale (CIUS); social anxiety with the Mini-Social Phobia Inventory (Mini-SPIN); and preference for online social interactions with the Preference for Online Social Interaction scale (POSI). Analyses: PIU was divided into two groups based on the CIUS cutoff of ≥ 18 . Multivariable logistic regression analyses were performed and adjusted for sex, age, Internet hours, POSI, and social anxiety.

Results: N = 56 reached the cutoff for PIU, while N = 224 did not report PIU. There were no significant differences in any demographics between the two groups. Individuals who experienced an increased amount of PLE had a higher probability of reaching the cutoff for a PIU (AOR = 1.35 [95% CI 1.01–1.27]). Participants with increased levels of anxiety were 1.18 times as likely as those with lower levels of anxiety to reach the cutoff for PIU.

Conclusions: Results implicate a close relation between the phenomena of PLE and continued PIU.

Conflict of interest: No

Keywords: Problematic Internet Use; adolescents; Psychotic-Like Experiences; Compulsive Internet Use Scale

EPV0911

Can the legislation affect the use of coercion in psychiatry?

H. Kacalak, D. Wolna* and A. Kiejna

Lower Silesian Center for Mental Health, Psychiatry, Wrocław, Poland

*Corresponding author.

Introduction: Coercion has always been integral in psychiatric care. Many countries try to reduce it by making modifications to existing regulations. In Poland, the Mental Health Protection Act(MHPA) of 1994 introduced mandatory monitoring of the use of coercive measures. The first report: 1996-2005 stated that coercion was applied to 16% of patients in psychiatric hospitals. In the next decades, the issues appeared only in a few studies. Poland participated in the international EUNOMIA study, its results indicate that the use of coercion in Poland is more common and frequent than in other European countries. Minister of Health introduced the ordinance to the MHPA, applied from December 31,2018, its assumption was to increase specialists' control over the use of coercive measures.

Objectives: Our study aims to assess whether changes in legislation have an impact on limiting the use of coercion.

Methods: In our study, we analyzed the data from the one year before and after the amendment was introduced into law, at the Mental Health Center(MHC) in Wrocław which consists of 6 24-hour wards with 30 beds. Preliminary data collected from the MHC from the first three trimesters of 2019 shows no significant reduction in the use of coercive measures. Detailed data processing will take place after the end of the calendar year.

Results: Referring to the experience of the MHC and Scandinavian studies, one can conclude that legislation alone is not able to significantly reduce the degree of use of coercion.

Conclusions: Further research is needed on alternative methods of limiting the use of coercion.

Conflict of interest: No

Keywords: legislation; coercive measures; Psychiatric hospital; Polish law on Mental Health Protection

EPV0915

A retrospective study on a screening program for physical health problems in community mental health service users

S. Saraceni¹, G. Mattei^{2*}, F. Baccari³, E. Tedeschini³, F. Starace³ and G. Galeazzi⁴

¹University of Modena and Reggio Emilia, Department of Biomedical Science, Metabolic Science And Neuroscience, Modena, Italy;

²University of Modena and Reggio Emilia, Department of Economics, Modena, Italy; ³AUSL Modena, Department of Mental Health And Drug Abuse, Modena, Italy and ⁴University of Modena and Reggio Emilia, Department of Biomedical, Metabolic And Neural Sciences, Modena, Italy

*Corresponding author.

Introduction: Physical illnesses represent a major cause of mortality for people affected by severe psychiatric disorders. Studies suggest that the underlining metabolic risk factors can be potentially reverted by means of proper assessment and treatments.

Objectives: To describe a physical health screening program named “Giornata del Benessere” (GDB), and to assess the efficacy of such intervention.

Methods: The study was designed as a retrospective observational study. Data were collected, by means of a screening form, during eight events conducted from 2014 to 2018 in the Community Mental Health Centers (CMHCs) of Modena Mental Health Department. Data were statistically analyzed.

Results: The GDB showed a noticeable improvement in the proportion of subjects who received a screening for physical health. A significant increase was found in the rates of documentation of key clinical features (BMI, abdominal circumference, blood pressure, EKG, and laboratory tests), and of specific monitoring for antipsychotics agents. Contacts between mental health professionals and general practitioners significantly increased over the years. Also, the prescription of atypical antipsychotics and lithium salts were predictors of receiving a full physical health screening. Rates of obesity, high waist circumference, and hypertension did not change overtime. Furthermore, as far as the prevalence of Metabolic Syndrome (MetS) is concerned, a decreasing trend from the first to the last event was noted.

Conclusions: The GDB was able to improve the screening practice and clinical outcomes, as estimated rates of MetS. Such a program could be further implemented by means of structured lifestyle interventions offered by CMHCs.

Conflict of interest: No

Keywords: physical health; antipsychotics; metabolic syndrome; screening practice

Pain

EPV0917

Portuguese version of the short-fear of dental pain questionnaire – preliminary psychometric study

A.T. Pereira¹, S. Xavier¹, M.J. Soares¹, A. Araújo^{2*}, C. Cabaços¹, C. Marques² and A. Macedo¹

¹University of Coimbra, Faculty of Medicine, Department of Psychological Medicine, Coimbra, Portugal and ²Faculty of Medicine,

University of Coimbra, Institute of Psychological Medicine, Coimbra, Portugal

*Corresponding author.

Introduction: Fear of pain is highly predictive of dental anxiety. There are Portuguese validations of instruments to evaluate fear of dental treatment but an instrument for measuring fear of dental pain is lacking. The short-Fear of Dental Pain Questionnaire (s-FDPQ; van Wijk et al. 2006) presented adequate reliability and validity, although it consists of only 5 items.

Objectives: To analyze the psychometric properties of the s-FDPQ Portuguese version, namely construct validity, internal consistency and concurrent validity.

Methods: A community sample of 227 adults (55.7% women; mean age= 43.65±15.952; range:18-88) completed the Portuguese versions of s-FDPQ and other validated questionnaires to evaluate dental anxiety (Modified Dental Anxiety Scale/MDAS and Dental Fear Survey/DFS). The total sample was randomly divided in two sub-samples: sample A (n=113) was used to exploratory factor analysis/EFA; sample B (n=114) to confirmatory factor analysis/CFA.

Results: EFA resulted in two components. CFAs revealed that the unifactorial model, found by van Wijk presented a poor fit. The bifactorial model, excluding one item, presented acceptable fit indexes (X²/df=3.418; CFI=.992; GFI=.983; TLI=.951; p [RMSEA≤.01]=.076). Cronbach alphas were α=.874 for F1 Injection and Drill and α=.943 for F2 Extraction. F1 and F2 scores significantly and highly correlated with total and dimensional scores of MDAS and DFS (all coefficients r≥.50, p<.001).

Conclusions: This study provides preliminary evidence for the validity and reliability of the Portuguese version of sFDPQ, which dimensions will be used in an ongoing research project on the relationship between dental pain, trauma and anxiety.

Conflict of interest: No

Keywords: EFA & CFA; Dental Anxiety; fear of pain; short-Fear of Dental Pain Questionnaire

EPV0919

Autolytic attempt in a patient with phantom limb syndrome after orchiectomy. Case report

P. Del Sol Calderón^{1*}, Á. Izquierdo De La Puente¹, M. Garcia Moreno¹, C. Carrajo Garcia² and M. Rodriguez De Lorenzo³

¹HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain; ²HOSPITAL UNIVERSITARIO RAMON Y CAJAL, Psychiatry, MADRID, Spain and ³Hospital Universitario Ramon y Cajal, Psychiatry, Madrid, Spain
*Corresponding author.

Introduction: This is a 32-year-old man treated in the emergency room after a severe autolytic attempt through deep cuts in both wrists. Unemployed, dysfunctional family, daily cannabis user and occasionally cocaine. Orchiectomy underwent testicular torsion complication a year ago.

Objectives: The present case aims to show the phantom limb pathology beyond what is known limited to limb losses but also to other visceral parts of the body, as in this case to testicular pain after orchiectomy, as well as the influence on psychopathology.

Methods: Case report and literature review

Results: Within a few weeks of this intervention, the patient began treatment with analgesics, reaching abuse, as well as treatment with

antidepressant and gabapentin, diagnosing the phantom limb patient. Despite this, he expressed poor control of pain, high anxiety and feelings of hopelessness. Cannabis use increased, recognizing an evasive use. He described a continuous sensation of tingling and swelling with severe pain. In these crises he presented self-harm ideation recognizing having consumed more cannabis and some alcohol the hours before the attempt. Dysfunctional personality traits were observed such as low tolerance for frustration, and acceptance of current problema.

Conclusions: It is known that phantom limb syndrome appears largely from limb amputations. Outside these, related to orchiectomies, studies shows that about 50% have some phantom-type experience, with 25% being those who report extracted testicle pain. In this case, it is impressive that personality traits and social support were risk factors for pain management

Conflict of interest: No

Keywords: phantom limb; suicide attempt; pain

EPV0922

The effectiveness of a mindful self-compassion integrated with art therapy intervention to improve quality of life in chronic pain patients

M. Del Rio¹, L. Mellado², M. Torrijos³ and Á. Palao^{3*}

¹AUTONOMA UNIVERSITY OF MADRID, Art Education And Visual Arts, Madrid, Spain; ²LA PAZ HOSPITAL., Psychiatry, MADRID, Spain and ³Psychiatry and Mental Health Department La Paz Hospital., Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: Approximately 10-23% of people suffer from chronic pain. There is a specific program to improve self-compassion, (MSC) developed by Neff and Germer, that is used in different clinical issues. Art Therapy, and which distinguish it from other therapies, is the active performing with materials, by means of the visual and concrete character of the process. Also, another relevant characteristic is the obtaining of an output in form of art making. In our study we decide to integrate MSC and art therapy. With both techniques is possible to pay attention in a more specific and locally way.

Objectives: The aim of this study is to compare the effectiveness of MSC program, and MSC program with art therapy in order to improve Quality of Life, emotional regulation and Self-Care in chronic pain.

Methods: We conducted a RCT with 2 arms of treatments in a chronic pain patients sample of Hospital Universitario La Paz, Madrid. Group interventions, 8 sessions, weekly. We collected data of anxiety, depression, catastrophizing, pain interference self-compassion, and quality of life.

Results: Patients with chronic pain who participated in the art therapy group reported greater satisfaction with the treatment. There was a significant abandonment of patients

Conclusions: These results are promising in order to find other effective interventions to this prevalent clinical problem. By active performing and experiencing with art materials, by the visual and concrete character of the process as well as by the result of art making

Conflict of interest: No

Keywords: MINDFUL SELF-COMPASSION; chronic pain; Art Therapy Intervention; quality of life

EPV0926

Multidisciplinary pain treatment in patients with somatic diseases and comorbid mental disorders, and chronic pain syndrome

V. Korostiy^{1,2}

¹Kharkiv National Medical University, Department of Psychiatry, Narcology And Medical Psychology, Kharkiv, Ukraine and ²Kharkiv National Medical University, University Clinic, Kharkiv, Ukraine

Introduction: Chronic pain is a big burden for patients, society and the economy. In the literature, a large amount of evidence of significant effects of emotions on pain perception.

Objectives: The article presents the results of the observation of patients with somatic diseases and comorbid mental disorders with chronic pain. Control group - 20 patients, with somatic diseases and chronic pain syndrome.

Methods: Clinical interview, "Questionnaire symptoms of PTSD forced migrants", Impact of Event Scale Revised (IES-R), Zung Self-Rating Depression Scale (ZDS), HADS; The McGill Pain Questionnaire (MPQ) The West Haven-Yale Multidimensional Pain Inventory (WHYMPI), Pain Catastrophizing Scale (PCS)

Results: The results showed that 32.0 % of observed patients have anxiety disorders (13.5 %), depressive disorders (10.3 %), PTSD (8.2 %). No significant correlation between anxiety disorders, depressive disorders, PTSD and frequency of acute pain, but strong positive correlation present with chronic pain syndrome and mental disorders at all ($r=0,62$, $p\leq 0,01$). Most significant correlation between catastrophizing attitude of pain and chronicity of pain syndrome ($r=0,82$, $p\leq 0,005$), and frequency of catastrophizing attitude of pain match more higher in of patients with somatic diseases and comorbid mental disorders ($\leq 0,01$). Multimodal multidisciplinary treatment increases the patient's compliance and effectiveness of treatment (28.0% more consent for consultation, 42.0% more often for psychotherapy, more reliably reducing psychopathological symptoms (22, 0%).

Conclusions: High risk of chronicity of pain syndrome in patients with different somatic diseases associated with mental disorders, as well anxiety disorders, depressive disorders and PTSD, and positive correlation with catastrophizing attitude of pain has been detected in those patients.

Conflict of interest: No

Keywords: chronic pain; somatic diseases; pain catastrophizing

Personality and personality disorders

EPV0937

Does the immaturity level of adventurous temperament type in asia differ from western culture?

S.J. Lee* and M.J. Kim

Kyungsung University, Department of Psychology, Busan, Korea, Republic of

*Corresponding author.

Introduction: Cloninger's biopsychosocial model suggests the eight configuration types of temperament combining high or low score of Novelty Seeking (NS), Harm Avoidance (HA), or Reward

Dependence (RD) temperament dimensions, and each type has different level of immaturity calculated as sum of Self-Directedness (SD) and Cooperativeness (CO) character dimensions.

Objectives: The aim of present study was to investigate whether the eight temperament types would exist and the immaturity level of eight temperament types could be replicated in Asian culture.

Methods: 527 Korean college students (195 males and 332 females) were recruited from the Busan metropolitan area, and their temperament types and immaturity levels were acquired by using Temperament and Character Inventory (TCI).

Results: The ratio of immature person varied from 4.2% of reliable/staid type (low NS, low HA, and high RD) to 74.6% of explosive/borderline type (high NS, high HA, and low RD) and showed the similarity of Western culture. However, the percent of adventurous/antisocial temperament type (high NS, low HA, and low RD) was found to be 23.5% unlike previous reports of 48% in Western culture.

Conclusions: Asian people are regarded as more collectivistic and less individualistic and therefore, those with adventurous/antisocial temperament type tend to behave more conformative to social norms, resulting in less maladaptive and immature character. Both universal and distinctive properties of temperament types considering the importance of sociocultural contexts were discussed for the future research.

Conflict of interest: No

Keywords: temperament type; temperament and character inventory; adventurous temperament type; immaturity

EPV0938

Borderline and schizotaxia - on the moving boundaries of schizophrenia

F. Santos*, A. Gomes, S. Nascimento and E. Gonçalves

Centro Hospitalar Universitário do Algarve, Departamento De Psiquiatria E Saúde Mental, Faro, Portugal

*Corresponding author.

Introduction: From the earliest descriptions of schizophrenia, changes in personality were seen as a fundamental part of the natural history of the disorder. Nevertheless, the relationship of personality pathology and schizophrenia is a topic generally lacking research. This is of particular interest considering that the basis of the treatment of schizophrenia and personality disorders is of a different nature.

Objectives: The authors will present an historical review of the concept of “borderline”, focusing on its initial affinity to classical conceptions of schizophrenia. This revision will expose areas of potential conceptual confusion, especially with the progressive broadening of the boundaries of the schizophrenia spectrum.

Methods: The authors’ searched the databases Pubmed, PsycInfo and Google Scholar, applying the search terms borderline personality and borderline schizophrenia. Reviews were preferred and arborized research followed. Two authors independently selected the abstracts to be included.

Results: There is large psychiatric literature on various “borderline” conditions. The ways in which this term is used are often contradictory and obscure, even within the same theoretical backgrounds. Standard manual diagnostic criteria may be too narrow compared with the psychodynamic understanding of the concept, whereas the latter may be too broad to adapt to the notion of prodromal stages of schizophrenia.

Conclusions: Patients with schizophrenia benefit with the early introduction of anti-psychotic therapy, but these earlier stages may be harder to differentiate from phenomena frequently observed in patients with borderline personality. Conceptual consensus regarding the concept of “borderline” is yet to be achieved.

Conflict of interest: No

Keywords: borderline personality; Personality disorders; schizophrenia; borderline schizophrenia

EPV0940

Malignant narcissism: from “once upon a time” stories to stark family realities

J. Bellotti¹, S. Granatto², G. Toniolo² and G. Corti^{3*}

¹Universidad del Museo Social Argentino, Posgrado: Psiquiatría Perinatal, Ciudad Autónoma de Buenos Aires, Argentina; ²Universidad del Museo Social Argentino, Formación Continua, Ciudad Autónoma de Buenos Aires, Argentina and ³Universidad del Museo Social Argentino, Posgrado: Psiquiatría Perinatal, Ciudad Autónoma de Buenos Aires, Argentina

*Corresponding author.

Introduction: Fromm (1964) first used the term “malignant narcissism” (MN) to describe a severe mental disorder. Kernberg (1984) later introduced the concept of MN to psychoanalytic literature. Very little has been written about MN since his contribution.

Objectives: To create psychosocial consciousness of the consequences of MN and suggest its inclusion among Personality Disorders (PD) in psychiatric manuals and guidelines.

Methods: Case Report (In Results)

Results: A female 34-years-old patient, G, victim of her mother, E, a MN who used the judicial system and family against her. MN-E manipulated G’s ex-husband to stone and to whip her as stated in the Bible, fueling his rage with lies. Social services and the juvenile court intervened, judging G as a negligent mother for being victim of gender-based violence, and stigmatizing her as “crazy” for consulting a psychiatrist to deal with said conflict. MN-E continued dehumanizing G, who finally lost custody of her children since 2015. Over time, driven by her envy towards her daughter meaningful life, MN-E was given possession of her grand-children. Due to unresolved hatred and need for admiration, MN-E brainwashed the infants memories, persuading them G was not their real mother. At last, to preserve the minds of the minors, psychologists and the juvenile court agreed G could never get in touch with her children. G developed a chronic PTSD and is currently being medicated for MDD.

Conclusions: MN is definitely “the quintessence of evil” (Fromm, 1964). Features outlined are a core narcissistic PD, antisocial behavior, ego-syntonic sadism and a paranoid orientation.

Conflict of interest: No

Keywords: Malignant Narcissism; Core Narcissistic Personality Disorder; Antisocial Behavior; Ego-syntonic Sadism

EPV0941

The cognitive therapy of adolescents with obsessive compulsive personality characteristics: focusing on self-criticism

M. Gungor^{1*}, S. Calli¹, S. Arslanogdu¹, E. Ozen¹ and M. Yavuz²

¹Istanbul Aydin University, Psychology Department, Küçükçekmece, Turkey and ²ISTANBUL AYDIN UNIVERSİTY, FRENCH LAPE HOSPİTAL, Psychology, Child And Adolescent Psychiatry, Küçükçekmece, Turkey

*Corresponding author.

Introduction: Previous studies reported that the precursors of obsessive compulsive personality disorder (OCPD) may be seen in adolescence. Although adolescents with OCPD features such as achievement striving, ambition, order, and self-control may be seen as successful individuals, the early intervention on these symptoms may prevent the development of more challenging OCPD characteristics and comorbid psychiatric conditions.

Objectives: The aim of this study is to evaluate of the effectivity of therapeutic intervention focusing on inflated self-responsibility, overly moralistic self evaluation, self-criticism and guilt in three adolescents with obsessive compulsive personality characteristics and to present the detailed interviews of the sessions.

Methods: Three female adolescents between the ages of 15 and 17 were followed until 8 to 16 weeks. The sessions were planned as two times a week. One of the adolescent had performance anxiety, the second one had impulse control disorder, and the third one had unspecified eating disorder.

Results: Both OCPD characteristics and comorbid conditions were improved at the end of therapeutic intervention.

Conclusions: The effectiveness of cognitive behavioral therapy were reported in adult patients with OCPD. However, the studies with young population is still limited. We present clinical features of three adolescent female with OCPD characteristics and the improvement of symptoms and comorbid conditions in the course of therapeutic process. The self-criticism and guilt were the essential parts focused on in the improvement effect of the therapeutic process.

Conflict of interest: No

Keywords: Obsessive; Compulsive; Personality; Therapy

EPV0942

Recurrence of suicidal behavior in patients with borderline personality disorder: about 30 cases

W. Kabtni^{1*}, A. Baatout², R. Maamouri³, C. Ben Cheikh², H. El Kefi⁴ and A. Oumaya⁴

¹military hospital of Tunis, Psychiatry Department, Tunis, Tunisia;

²Military hospital of Tunis, Psychiatry Department, Tunis, Tunisia;

³Razi hospital, Psychiatry E, Ben arous, Tunisia and ⁴military hospital of tunis, Psychiatric Unit, tunis, Tunisia

*Corresponding author.

Introduction: Patients with borderline personality disorder (BPD) occupy an important place among patients admitted for suicidal attempt. Preventing recurrence of suicide attempts in this specific population, by controlling its risk factors, is an important public health issue.

Objectives: The purpose of this study was to determine the risk factors of the recurrence of suicidal attempt in BPD patients consulting the emergency unit.

Methods: It's a retrospective study about 30 cases. All subjects included in the study had been diagnosed with BPD according to DSM V criteria. Moreover, they all consulted the emergency

psychiatric unit after, at least, one suicide attempt. The exclusion criteria were the presence of cognitive, bipolar or psychotic disorders. Patients were divided into two groups: with and without recurrence of suicide attempt. Socio-demographic informations was collected. The gravity of depressive disorders was assessed with the Hamilton Depression Rating Scale (HDRS).

Results: Among the thirty patients included in the study, 66% patients were re-admitted to the emergency unit for one or several suicide attempt. The recurrence of the suicide attempt was significantly higher in unemployed patients, in patients with family history of suicide and in patients who consume cannabis. Interestingly, living with parents who are not separated seems to be a protective factor (OR = 0.3). Furthermore, recurrence and intensity (HDRS) of the major depressive episode did not differ statistically in patients with or without SB recurrence.

Conclusions: Identifying patients at risk of recurrence of suicidal act, represents an essential step in secondary prevention.

Conflict of interest: No

Keywords: Suicide; predictive factor; Borderline Personality Disorder; prevalence

EPV0943

Features of downshifters' self-concept

V. Lianguzova

Lomonosov Moscow State University, Psychology, Moscow, Russian Federation

Introduction: The study of the individual's self-image is an important task. We will consider the features of the self-concept of such a category of people as "downshifters" who have abandoned the traditional concept of "career". These people are characterized by a higher level of global self-relation. Downshifter - this is the person who would rather speak up for his own personality than against. It seems that the downshifter challenges society and begins to rebel, showing with his whole way of life that he is independent of the external frames of the social discourse and constantly proving his individual peculiarity with non-standard self-presentation strategies.

Objectives: The hypothesis about differences between substantial characteristics of downshifters' and not-downshifters' self-concept has been checked.

Methods: In quantitative and qualitative study (N = 153) open data analysis (correlation and Spirmen criteria) and semi-structured interviews were carried out.

Results: The empirical study allowed to show the existence of a significant relationship between the tendency to downshift and the peculiarities of the Self-concept for the cognitive and affective components of the Self-concept and its absence for the behavioral component of a person's ideas about himself.

Conclusions: Persons prone to downshifting have more pronounced indicators such as global self-esteem, self-esteem, self-sympathy, expected attitude from others, self-confidence, self-interest and self-acceptance in the affective component of the self-concept. Persons prone to downshifting have a less pronounced indicator of self-incrimination. Persons prone to downshifting have a less pronounced goal setting.

Conflict of interest: No

Keywords: self-concept; downshifters; career; Personality

EPV0944

Validation of the arabic version of the 42-item version of Ryff's psychological well-being scales (PWB) among undergraduates in kuwait

B. Alansari

Kuwait University, Psychology, Shuwaikh, Kuwait

Introduction: The 42-item version of Ryff's Psychological Well-being (PWB) scales (environmental mastery, personal growth, purpose in life, and self-acceptance) with 6 items and response style is one of the most widely used survey instruments. Although there is an Arabic version of (PWB), it is not identical to the original version in terms of the number of items and response.

Objectives: To evaluate the psychometric properties of the Arabic adaptation, a 42-item version of Ryff's (PWB) scales and its factorial structure in an undergraduate sample.

Methods: The participants were 1133 first year undergraduate Kuwaitis: 522 males and 611 females, mean age = 20.90 ± 2.04 . The Arabic versions of (PWB) scales (Ryff, 1989) were administered to participants. The internal consistency reliability, factor structure, and convergent validity of the Ryff's (PWB) scales with Oxford Happiness Inventory (OHI), Life Orientation Test (LOT-R), Adult Hope Scale (AHS), Satisfaction With Life Scale (SWLS) were assessed as well as divergent validity of the Ryff's (PWB) with Beck Depression Inventory-II (BDI-II).

Results: Internal consistency was satisfactory for the PWB (Cronbach's $\alpha = 0.88$). The results revealed significant gender differences in Environmental Mastery with a favor for males and in Personal Growth a favor with females. Principal component analyses (PCA) showed that a PWB six -component solution explains %62.89 of the total variance. The PWB correlates with OHI ($r = .56$) SWLS ($r = .56$), LOT-R ($r = 0.58$) AHS ($r = .48$) and BDI-II ($r = -.56$).

Conclusions: The PWB provides satisfactory validation, and thus it can be recommended as a measure of Psychological Well-being among Arab samples.

Conflict of interest: No

Keywords: PWB / 42; Psychometric Properties

EPV0946

The driver's chronic stress and chronic fatigue in traffic jamsV. Barabanshchikova¹, F. Sultanova¹, D. Boyarinov^{1*}, L. Gubaidulina¹ and K. Hatoyama²

¹Lomonosov Moscow State University, Department of Psychology, Moscow, Russian Federation and ²Nagaoka University of Technology, Center for Academia-industry Fusion, Nagaoka, Japan

*Corresponding author.

Introduction: The traffic jam is a worldwide problem. It causes environmental, economic damage, and harms the psychological health of a person, for example, provokes stress disorders. The study was supported by the RFBR and the Government of Moscow #19-313-70005.

Objectives: To study the influence of chronic stress and chronic fatigue on drivers' behaviour.

Methods: The experiment involved 24 participants (average age 19.3 years, 12 men/12 women). Measures: Questionnaire "Acute and chronic stress" (Leonova A.B.); Questionnaire "Assessment of the

degree of chronic fatigue" (Leonova A.B.); Questionnaire on visual fatigue (Leonova A.B.); Cognitive load Test (Bourdon B.); BPAQ (Enikolopov S.N.). The experiment consisted of three 15-minute series that simulated a situation of traffic jam on a computer. The subject has the task: to press the button when changing the brake light of the going ahead machine. Diagnostic scheme includes 4 stages: before the experiment and after 1, 2, 3 series.

Results: Based on cluster analysis two different groups of drivers revealed according to the index of chronic stress and index of chronic fatigue. The 1 group manifests reduced attention and increased chronic fatigue. The 2 group marked enhanced attention and decreased chronic fatigue. Significant differences between groups on the scales attention, acute and chronic stress, aggression, visual fatigues were found.

Conclusions: Drivers of the first group, unlike the second, with high levels of chronic stress and fatigue, significantly characterized by high score aggression, acute stress, visual fatigue, and low attention. These drivers are more likely to commit offences and get into accidents. Now the research is continuing.

Conflict of interest: No

Keywords: Traffic Jam; chronic fatigue; chronic stress

EPV0948

Chronic stress and anxiety among lawyers from civil service

V. Barabanshchikova, F. Sultanova, S. Ivanova, D. Boyarinov and L. Gubaidulina*

Lomonosov Moscow State University, Department of Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: The Lawyer is one of the most stressful job because of responsibility, multitasking and uncertainty. They must clearly understand the case, be able to defend interest in the tribunal.

Objectives: To study the correlation between chronic stress, anxiety and coping strategies among lawyers to further create a program to increase work efficiency.

Methods: Participants were 35 lawyers (22 men and 13 women) from the Civil service. They fulfilled 3 standardized questionnaires: Managerial stress survey — MSS (Leonova A.B), 16 PF (Kapustina A.N.), Strategic Approach to Coping Scale — SACS (Hobfoll S.E.).

Results: It was found the high scores of the Depression and Anxiety. The Chronic stress positively correlates with coping - aggressive actions ($r = 0.684$; $p = 0.0001$), and inversely correlates with the self-control ($r = -0.607$; $p = 0.0001$). Chronic stress and all sub-scales are negatively associated with emotional stability ($r = -0.713$; $p = 0.0001$). With increased anxiety, lawyers are more likely to use impulsive actions ($r = 0.471$; $p = 0.0001$), and aggressive actions ($r = 0.602$; $p = 0.0001$).

Conclusions: It is revealed that lawyers have a high level of anxiety and depression, which may be related to their specific activities which are work in the Arbitral tribunal. Anxiety and depression are associated with low emotional stability, low self-control, and aggressive actions. With a high level of chronic stress, lawyers can make mistakes in their activities, which can lead to negative results. These findings will help create programs to improve functional states.

Conflict of interest: No

Keywords: lawyers; Anxiety; chronic stress

EPV0950

Affective neuroscience emotional system: differences between school refusing and non-school refusing help-seeking adolescents

R. Carpentieri¹, M.E. Lannoni², G. Listanti^{2*}, C. Farulla², B. Mantovani², L. Guidobaldi¹ and C. Sarlatto²

¹"La Sapienza" University of Rome, Dynamic And Clinical Psychology, Rome, Italy and ²Sant'Andrea Hospital, Nesmos, Rome, Italy

*Corresponding author.

Introduction: Several risk factors are involved in the phenomenon of School Refusal (SR). It might be useful to focus on emerging personality features in order to more accurately identify psychopathological characteristics of those individuals. Indeed, personality features and SR still remain an unsolved issue.

Objectives: The aim of this study is to investigate differences about psychiatric symptoms and brain primary emotional systems between SR and non-SR adolescents in a clinical sample.

Methods: The sample included 50 help-seeking adolescents, 24% (12) SR, referred to the clinic for Anxiety and Mood Disorders in Adolescence (Psychiatric Department of Sant'Andrea Hospital, Rome). Subjects met criteria for DSM-5 diagnoses. Only 12% (6) did not meet criteria for psychiatric disorders. The sample was evaluated with the Affective Neuroscience Personality Scale (ANPS), with Hamilton Rating Scale For Anxiety (HAM-A) and Depression (HAM-D). SR was evaluated using a brief, ad-hoc interview, according to scientific literature. Z-Test for independent samples was conducted to compare the means of each variable of the two groups (SR vs Non-SR).

Results: There was a significant difference between SR and non-SR about the emotional system of FEAR. Moreover, SR showed more anxious and depressive symptomatology compared to non-SR.

Conclusions: SR help-seeking adolescents showed more anxious and mood symptoms. SR described themselves with higher propensity to worry and anticipate negative outcomes for the future, ruminate and feel tense if compared to non-SR. This is a stable personality feature at the basis of this phenomenon: it could be useful to better understand the symptomatic patterns and clinical conditions of those adolescents.

Conflict of interest: No

Keywords: Personality; social functioning; School Refusal; adolescence

EPV0953

Features of self-injurious behaviour in patients with bpd comorbid with alcohol dependence

V. Kuzminov^{1*} and I. Linskiy²

¹SI, Department Of Emergency Psychiatry And Addiction, Kharkiv, Ukraine and ²SI Institute of Neurology Psychiatry and Narcology NAMS of Ukraine, Department Of Emergency Psychiatry And Addiction, Kharkiv, Ukraine

*Corresponding author.

Introduction: BPD is comorbid with a number of mental disorders such as Alcohol or other substance abuse, Anxiety disorders, Eating disorders, Bipolar disorder, Post-traumatic stress disorder (PTSD), Attention-deficit/hyperactivity disorder (ADHD) and others.

Objectives: It is well known that BPD is a significant predictor of outcome for comorbid disorders, in most cases worsening prognosis. The effects of comorbid diseases on the manifestations and course of BPD have not been practically studied. Although it can be assumed that both the disease itself and the treatment obtained in connection with the treatment can change the course and severity of the manifestation of comorbid BPD.

Methods: psychopathological, C-SSRS, ZAN-BPD Scales. Materials – 30 men with BPD comorbid with alcohol dependence, 10 men with BPD without alcohol dependence were observed.

Results: The frequency of occurrence and distinctive features: suicidal ideation, self-injurious acts, suicidal attempts, suicidal gestures, suicidal fantasies, suicidal threats in the groups of subjects were studied. It was found that suicidal thoughts, suicidal fantasies were much less common in BPD patients with alcohol dependence. The suicidal attempts, suicidal gestures, suicidal threats in the groups met equally often. Self-injurious acts and suicidal attempts became more brutal when alcohol abuse had become alcohol dependence. At the same time, the cognitive and emotional problems in BPD patients with alcohol dependence were somewhat smoothed out. Interpersonal problems are aggravated.

Conclusions: comorbid alcohol dependence has multidirectional affects on BPD traits. One manifestation of which is the change in the pattern of suicidal/self harm behaviour of patient with BPD.

Conflict of interest: No

Keywords: Borderline personality disorder; alcohol dependence; self-harm

EPV0954

Personalized treatment for disturbed personality: an experience of group psychotherapy for severe personality disorders in emilia romagna region

M. Pacetti

Centro Salute Mentale Forlì, Italy, Dsm-dp, Forlì, Italy

Introduction: At the Mental Health Centre of Forlì, we have introduced a multidisciplinary working group, a complex psycho-diagnostic evaluation, a therapeutic contract and a wide range of evidence based treatments for patients who suffered by severe personality disorders and their families. Specifically we speak about a group psychotherapy based on the principles of W. Bion and on techniques of MBT method (Fonagy and Bateman).

Objectives: This study aims to verify the effectiveness of this specific group treatment in reducing symptoms and in increasing retention in treatment measured by some outcomes (drop-out, hospital-admissions, accesses to emergency medical treatments and pharmacotherapy).

Methods: During the year 2018 we recruited 15 patients with severe Personality disorders of cluster B (valuated with SCID-II) defined severe by at least one of the criteria of the Region guide lines. We have considered hospital admissions in the previous 12-month period and during the full course of treatment (one year).

Results: of the 15, patients were primarily females (9), males were 6, the mean age was 43 yrs, only 5 also had individual not specific psychotherapy. Psychiatric comorbidities are most with Bipolar Disorder (80%). We have noted a drastic reduction of hospital admissions and emergency visits at Emergency Aid and at Mental Health Centre. These outcomes are more substantial for patients who received additionally individual psychotherapy

Conclusions: This approach is effectiveness in reducing drop out, the number and duration of hospital admissions, emergency visits and less number of drug prescription. We think that this is more specific and personalized treatment for these very complicated patients

Conflict of interest: No

Keywords: personality disorders; group psychotherapy

EPV0955

Associations of childhood trauma with personality traits in healthy adults

N. Fares-Otero¹, A. Garcia Lopez¹, P. Fernandez Cancer¹, I. Rodrigo Hidalgo¹, E. Rodriguez Toscano² and R. Rodriguez-Jimenez^{1,2,*}

¹Department of Psychiatry, Instituto De Investigación Sanitaria Hospital12 De Octubre (imas12), Madrid, Spain and ²CIBERSAM, Biomedical Research Networking Centre In Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Experiencing negative life events as Childhood Trauma (CT) would lead to individual differences in reaction and perception of stress. Neuroticism and low Conscientiousness have been linked to worse physical and mental health-related behaviors. However, the association between different types of CT with personality traits has been poorly characterized in healthy adults.

Objectives: To examine the relationship between CT with personality traits in healthy adults.

Methods: Fifty-nine participants (Mean age = 28.1, SD = 7.1 years old, Male = 49%) completed the Childhood Trauma Questionnaire (CTQ), the Childhood Experience of Care and Abuse Questionnaire (CECA), and the Five-Factor NEO Personality Inventory-Revised (NEO-PI-R).

Results: Emotional Abuse and Neglect, Physical Neglect, Bullying exposure and witnessing Parental Violence were positively related to Neuroticism ($r = .40, p = .002$; $r = .33, p = .01$; $r = .29, p = .028$; $r = .26, p = .045$, $r = .39, p = .002$) and negatively to Extraversion ($r = -.32, p = .013$, $r = -.32, p = .015$; $r = .33, p = -.012$; $r = .31, p = .016$; $r = -.47, p = .000$). Physical Abuse and Emotional Neglect were negatively related to Openness ($r = -.29, p = .025$; $r = -.31, p = .017$). All types of CT were negatively related to Agreeableness. Conscientiousness was also negatively related to all types of CT, except for witnessing Parental Violence (n.s.) and Bullying ($r = .26, p = .46$).

Conclusions: Trauma exposure during childhood seems to be associated with maladaptive personality traits development in healthy adults.

Conflict of interest: No

Keywords: Child Abuse; Bullying; Parental Violence; Personality; Adulthood

Philosophy and psychiatry

EPV0956

Suitability of narrative approach to studying lived experiences of persons with mental illnesses

C. Laranjeira

Piaget Institute - RECI I&D, Higher School of Health Sciences, Viseu, Portugal

Introduction: When psychiatric doctors write narratives about their clients the creative practice fosters empathy and helps professionals to be more connected to their patients in developing interviewing skills and engage in more self-reflection. People who are able to represent and so reflect upon their experience in words, however problematic or painful, are more likely to be able to form secure attachments than those who lack such capacity.

Objectives: To synthesize studies that explored the suitability of narrative approach to studying lived experiences of persons with mental illnesses.

Methods: A integrative review of the literature was carried out following PRISMA guidance. The Cochrane Library, Medline and CINAHL databases were searched to identify studies which focused on the narrative approach in mental health reported in the title, abstract and keywords.

Results: Of the 78 titles screened, we identified eight studies published between 2009-2019. The reviewed publications include narratives across the range of conditions and experiences of psychological distress. The underpinnings of narrative inquiry in the analyzed studies are unclear, on three ways. On the philosophical way, some of these studies draw on general interpretive premises, disregarding the specific philosophical narrative groundwork. On the methodological level, non-narrative methods are regularly employed in data generation and analysis. On the textual level, what are taken to be illness or recovery narratives do not necessarily conform to the criteria of narrative/story.

Conclusions: Despite some limitations found in the studies, the knowledge generated by narrative studies has played a central role in establishing the recovery paradigm in the field of mental health.

Conflict of interest: No

Keywords: narrative; lived experience; recovery; mental illness

EPV0957

The specifics of the formation of religious feelings in people with mental disorders who have committed socially dangerous acts

O. Makushkina* and E. Panchenko

Federal State Budgetary Institution "V.P. Serbsky National Medical Research Centre for Psychiatry and Narcology" of the Ministry of Health of the Russian Federation, Department of Forensic Psychiatric Prevention, Moscow, Russian Federation

*Corresponding author.

Introduction: The search for protective factors is one of the priority tasks in the prevention of socially dangerous behavior of people with mental disorders. A significant resource is arbitrary emotions.

Objectives: Identification of the specifics of religious orientation and the level of subjective control in patients with illegal behavior.

Methods: The examined 40 patients who committed an offense. The applied a questionnaire for studying the level of subjective control, a test to determine the structure of individual religiosity, a religious orientation scale.

Results: Patients with illegal behavior showed a high interest to religious topics (80.0% recognized themselves as believers). However, they more often (62.0%) revealed external religiosity with low levels of acceptance of confessional values and beliefs, religious moral

standards, with a high level of acceptance and justification of aggression, the manifestation of aggressive behaviors when interacting with other people. Nevertheless, some of the examined (20.0%) had a genuine interest in religious subjects, they observed religious customs, did not show aggression against others. When studying the level of subjective control, it was found that the internality was higher in patients demonstrating a religious feeling, which contributed to the formation of socially acceptable behavioral reactions.

Conclusions: Religiosity can be a resource that restrains unlawful behavior of persons with mental disorders. It seems appropriate to clarify, at an accessible level for patients, the basic religious concepts, their meaning and value. There is a need for special training of psychologists and psychotherapists, which necessitates a closer interaction between official Medicine and the institution of the Church.

Conflict of interest: No

Keywords: religious feelings; protective factors; socially dangerous; mental disorders

EPV0958

Diffusion of identity in the context of sociocultural uncertainty: a clinical or a sociocultural phenomenon?

E. Sokolova, L. Pechnikova, A. Ryzhov* and K. Andreyuk

Lomonosov MSU, Faculty of Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: Unpredictable social cataclysms and increase in complexity of cultural contexts is the hallmark of the contemporary society. with its variability, risks and super value of individual originality and autonomy, and of the situation of uncertainty, in general.

Objectives: A proposal of the comprehensive paradigm for theoretical and empirical study of the variability of the phenomena (both normal and clinical forms) of individual and public consciousness.

Methods: Theoretical analysis and generalization of empirical studies on phenomena of identity diffusion in the context of subjective uncertainty.

Results: Viewed from a clinical angle, disintegration of self-consciousness, prominence of uncertainty, and fuzziness in self-determination are conceived as "identity diffusion" phenomena, and point to the subjectively unbearable states of anxiety, deficits of symbolically mediated mechanisms of defense and coping, uncertainty in own identity (diffusion), extreme sensitivity of Self towards failure and own "imperfections" (Sokolova, 2014). By virtue of their pervasiveness, however, they are viewed in the optics of a new "cultural pathology". In a world of chaotically changing values, the transgression and freedom of manipulation becomes the highest value. Omnipotence of the personal arbitrariness appears in countless "reprints" of one's own Self, and the exaggerated perfectionistic concerns. The deficit of concern about the subjective world of the Other parallels clinical characteristics of a borderline personality. Social ambiguity favors the increase of manipulative interpersonal strategies and "communicative corruption".

Conclusions: Situation of uncertainty acts as a sociocultural factor of normalization of identity disorders (diffusion and narcissistic grandiosity), moral deficiency, and, as a result, of auto- and hetero-destructivity.

Conflict of interest: No

Keywords: identity diffusion; manipulation; ambiguity; destructivity

EPV0960

Labyrinth, mannerism and schizophrenia

O. Doerr Zegers

Universidad Diego Portales, Center for Studies On Phenomenology And Psychiatry, Santiago, Chile

Introduction: In schizophrenic paintings (e. g., in the famous Prinzhorn Collection in Heidelberg) the theme of labyrinth appears very often. The labyrinth is also a typical issue of mannerism art and that an essential relationship between schizophrenia and mannerism exists.

Objectives: The author searches for an explanation of this context (labyrinth, mannerism, schizophrenia) through a phenomenological description of the labyrinthine space, the mannerism art and the schizophrenic world.

Methods: The method used is the phenomenological one, that is, the unprejudiced description of the essential features of the phenomena to be studied.

Results: A. 1. Unlike the lived space, which is always oriented, the labyrinthine space lacks any direction. 2. Unlike the lived space, which is always referred to another space (the interior to the exterior, the sacred to the profane space), the labyrinth has no reference to another space. B. The author establishes the relationship between the labyrinthine space and mannerism, pictorial movement appeared in Italy at the end of the 16th century. Thus, it is a fact that the labyrinth is one of the most used elements in mannerist paintings together with the mirror, the mask and the monstrosities. C. The author demonstrates that schizophrenic world is linked to both the labyrinthine theme and the mannerist painting. Finally, the author shows how Bleuler's "fundamental symptoms of schizophrenia" are essentially related to mannerism and insofar to the labyrinth.

Conclusions: The labyrinth is a very peculiar space, whose essential features allow understanding its notorious presence both in mannerist art and in the schizophrenic symptoms, paintings and world.

Conflict of interest: No

Keywords: labyrinth; mannerism; PHENOMENOLOGY; schizophrenia

Posttraumatic stress disorder

EPV0964

Key issues in the treatment of people traumatised by economic, psychological or physical abuse in buddhist groups

A.I.M. Anders

Ludwig-Maximilians-University Munich, Institute For Social And Cultural Anthropology, Munich, Germany

Introduction: The current research project analyses health consequences of indoctrination and abuse in international Buddhist groups. Barriers for traumatised persons emerge in a medical and psychotherapeutic context due to a lack of background information, as well as the common unreflected idealisation of Buddhism, ignoring conditions in various groups and recent developments of cults.

Objectives: The objective is the analysis of rationalising terms and psychological methods used to silence trauma, discredit and stigmatise victims and deprive them of social contacts. Furthermore, an information-, education- and treatment-network of physicians, psychiatrists and psychotherapists needs to be initiated.

Methods: Methodologically, quantitative psychological questionnaires and the trauma questionnaire (for ICD-11) are combined with qualitative methods such as questionnaires evaluating experiences and interviews.

Results: A sophisticated structure with neologisms and decontextualised terms to manipulate people and silence the traumatised reveals. For instance, the concept of so-called 'karma purification' is employed to indoctrinate people already practicing 'guru yoga', thus identifying with and training in merging with the perpetrator, to consider the physical damage suffered to even be for their own sake. This results in many chronic mental diseases, because of prolonged periods of residence, particularly due to delays in separation caused by double bind, threats of slander, stalking etc., as well as persons after having allowed for economic exploitation and abandoned their external relationships assuming they would have no way to return.

Conclusions: At present, this situation presents tremendous societal challenges with regard to legal issues, victim compensation, the provision of societal and health care as well as medical assistance.

Disclosure: The research project is funded by the German Federal Ministry of Education and Research (08.2018-07.2021).

Keywords: slandering people with 'rlung disease'; silencing and stigmatising the traumatised; economical; psychological and physical abuse in Buddhist groups; neologisms 'karma purification'; 'pure view' and 'guru yoga' for silencing trauma; current developments in Buddhist groups and Tibetan medicine

EPV0965

Great parents are traumatized by the unexpected death of one of their twins little sons!

S. Loucar^{1*}, F. Ba² and A. Sylla³

¹régional hospital louga, Louga, LOUGA, Senegal; ²UFR santé Saint LOUIS, Neuropsychiatrie, dakar, Senegal and ³CHNU Fann, Psychiatry, dakar, Senegal

*Corresponding author.

Introduction: If death is only an "accident of life", according to the word of Bichat, then it can be brutal, unexpected and traumatic

Objectives: We will show here the particular relationship between these particular children and their grandparents which will lead us to understand to a certain extent the trauma of this unexpected death.

Methods: Exploitation and analysis of the patient file.

Results: M 73 years and F 63-years are the grandparents of J and his twin 5 years. J was suffering from recurrent tonsillitis, and his doctor decided to operate on him. The day of the operation, M accompanied J. A few minutes after the doctor announce the death of J after the anesthesia. It was a shock said M. F was inconsolable and their daughter was stronger. M and F are received in psychiatric one month after the death of J. They have since the death a reviviscence syndrome with flashback of the child playing and dragging in the house. F also presents an anxio-depressive syndrome.

Conclusions: M-F took care of their little sons with kindness. The intensity of investment of this relationship with these twins testifies to the shock received by M and his wife to the unexpected and brutal announcement of the death of J on the operating table. F and M suffer from post traumatic stress disorder. This text, showing the

special relationship between these grandparents and their twin little sons, also raises the problem of traumatic death.

Conflict of interest: No

Keywords: grandparents; twins; traumatic death

EPV0966

The ability to use computer brain interfaces as an additional diagnostic procedure for post-traumatic stress disorder

V. Kuzminov and O. Minko*

SI Institute of Neurology Psychiatry and Narcology NAMS of Ukraine, Department Of Emergency Psychiatry And Addiction, Kharkiv, Ukraine

*Corresponding author.

Introduction: The development of diagnostic procedures for various diseases and conditions is an important task of scientific research in psychiatry.

Objectives: The aim of this work was evaluation of possibility of using brain computer interfaces as method of instrumental diagnostics post-traumatic stress disorder.

Methods: The study involved 84 male, including 33 practically healthy persons; 23 persons with post-traumatic stress disorder, 28 alcohol abused with acute stress reaction in the past. Methods: psychopathological, Alcohol Use Disorders Identification Test (AUDIT); Mezzich quality of life scale, civilian version of the Mississippi Scale (MS) for the evaluation of post-traumatic reactions in adaptation by NV Tarabrina; The MindWave MW001 single-channel NeuroSky Inc neural headset with MindWay Shulte application and MindRec software was used to evaluate attention and relaxation during the study.

Results: The data were processed using mathematical statistics. In the first phase of the work, the validity of the formation of qualitatively different comparison groups was verified by using quantified assessments of the severity of post-stress reactions, alcohol-related disorders and quality of life. The second was devoted to the evaluation of attention and relaxation indices using the single-channel MindWave MW001 NeuroSky Inc. The evaluation of these indicators was carried out in two qualitatively different states: in a state of calm wakefulness and in a state of mental load (work with Schulte tables). As a result BCI (such as MindWave MW001) using established as a method of instrumental diagnostics of poststress disorders and comorbid conditions.

Conclusions: Main and additional neurophysiological markers of poststress disorders (compared to alcohol abuse) were shown.

Conflict of interest: No

Keywords: comorbid conditions; post-traumatic stress disorder; diagnosis

EPV0967

"You have to suffer": traumatic stress as a consequence of institutional violence in obstetrics.

E. Molchanova^{1*}, E. Kim¹, F. Karakai¹ and G. Chirkina²

¹American University in Central Asia, Psychology, Bishkek, Kyrgyzstan and ²Alliance of Reproductive Health, Obstetrics And Gynecology, Bishkek, Kyrgyzstan

*Corresponding author.

Introduction: Women in labor in Kyrgyzstan experience violence from obstetricians from the moment of early pregnancy till childbirth. The violence toward pregnant women and during labor process is normalized by a daily routine aggressive communication with future mothers in maternity hospitals in the Kyrgyz Republic.

Objectives: The aim of this study is to explore the forms of institutional violence in obstetrics through the real stories of women, gynecologists, and the psychotherapists, working with traumatic consequences in the women experienced violence.

Methods: To achieve this goal, in-depth interviews have been collected from 10 women, 5 obstetricians – gynecologists, and 7 psychiatrists, thematic analyses was used as the main method.

Results: The most frequent forms of institutional violence in maternity hospitals of the Kyrgyz Republic were forcing to pay for childbirth, verbal humiliations, dehumanizing of labor process, invasive practices without consent, denial of medical care, unnecessary use of medication. The consequences of the violence include such disorders as posttraumatic stress disorder, postpartum depression, panic disorder, obsessive compulsive disorder, generalized anxiety disorder, and chronic changes of personality as the result of the trauma experienced by the women in labor.

Conclusions: The violence in maternal hospitals is structuralized and institutionalized; it is a real bullying towards women and newborn babies. Among health consequences of institutional violence in maternal hospitals of the Kyrgyz Republic we would like to underline a postpartum stress disorder, which is difficult to diagnose because of its clinical picture, and difficult to treat because of lactation period

Conflict of interest: No

Keywords: violence; Traumatic stress; physical abuse; women in labor

EPV0968

I am not stressed, i am just ill: pathomorphosis of PTSD symptoms in Osh survivors.

E. Molchanova

American University in Central Asia, Psychology, Bishkek, Kyrgyzstan

Introduction: Social crises in the Kyrgyz Republic are often due to the wide-spread official corruption and penetration of organized crime into government structures. The consequences of one of those crises exist up to nowadays.

Objectives: To explore the dynamics of the symptoms of measurable level of traumatic stress in Osh events survivors.

Methods: Repeated measures design was used to assess the level of traumatic stress, dissociative and somatic symptoms in 250 respondents in 2010, 2011, 2013, 2015, and 2018. A battery of psychological tools, including scales of traumatic stress, dissociation, semantic differential, and survey to determine the preferable addresses for receiving help was used in the research was used repeatedly in 2011, 2013, 2015, and 2018

Results: PTSD symptoms in men are transformed into somatic symptoms and related disorders, the most frequent one was illness anxiety disorder; while PTSD symptoms in women were converted into either possession disorder or conversion symptoms. There was found a strong significant correlation ($r=0,78$) between the score of somatic scale symptoms in 2017 and the level of PTSD symptoms in 2011.

Conclusions: Somatic symptoms and related disorders among our participants are associated with PTSD. Patients with conversion symptoms without any other symptoms of PTSD should be treated as patients with PTSD

Conflict of interest: No

Keywords: Traumatic stress; conversion symptoms; pathomorphosis

EPV0970

Cannabinoids effects in anxiety symptoms of ptsd: literature review and case report.

M.L. Costa Ferrera Da Silva¹, P. Coucheiro Limeres^{2*}, Á. Cerame Del Campo² and R. De Hita Santillana²

¹Hospital Universitario Severo Ochoa, Psychiatrist, leganes, Spain and ²Instituto psiquiatrico Jose Germain, Psychiatric Trainee, leganes, Spain

*Corresponding author.

Introduction: Standardized first-line treatments of PTSD according to clinical guidelines are SSRIs and psychotherapy. In our clinical experience it is common to observe that symptoms of anxiety are treatment-resistant during onset, what is more patients resort to alternative stress management strategies, including self-medication with cannabis. Given the current legal regulation of medical use of cannabinoids in different countries numerous studies about its effects have been published.

Objectives: To analyse existing evidence regarding the use of cannabinoids in PTSD.

Methods: We present a case report and a review of the relevant literature which address the potential anxiolytic effects of cannabis and its potential indication in the PTSD is carried out.

Results: Evidence suggests that the indication of cannabis in the PTSD could be potentially beneficial due to its effects on the endocannabinoid system. However, many of the studies present methodological limitations inherent to their observational or case series design. Furthermore, no conclusive results can be found regarding the benefits and harms of cannabinoids long-term use. In the aforementioned case report, through self-medication with cannabis our patient achieved better control of anxiety.

Conclusions: It is not possible to establish a solid recommendation of use of cannabinoids in cases of PTSD given the limited evidence available. However, our review shows the importance of understanding the role of toxic consumption in each case and to perform an individual risk assessment.

Conflict of interest: No

Keywords: New treatments; Cannabinoids; PTSD; Anxiety

EPV0971

Correlations of family health deterioration and poststress psychological maladaptation in combatants

A. Markov^{1*}, M. Markova², G. Rosinsky¹, M. Chernyaev¹ and M. Driuchenko³

¹Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology Medical And Psychological Rehabilitation, Kharkiv, Ukraine; ²Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology, Medical Abd Psychological Rehabilitation, Kharkiv, Ukraine and ³Uzhhorod national university, Department of Neuro Rehabilitation With Courses Of Medical Psychology, Pulmonology And Physiology, Uzhhorod, Ukraine

*Corresponding author.

Introduction: Psychological effects of combatants's participation in hostilities have negative impact on their family relations.

Objectives: To develop a program of measures for its psychological correction on the basis of the study of phenomenology and mechanisms of development of health deterioration of families of demobilized combatants.

Methods: 100 families of demobilized combatants who participated in military actions and their wives were surveyed – 200 people in total. The research was conducted with socio-demographic, clinical-psychopathological, psychodiagnostic methods and system-structural analysis of sexual health.

Results: The generalization of the obtained results confirmed our hypothesis about the polymodality of the phenomenon of health deterioration of combatants' families, which has at least psychopathological, behavioral, personal, psychosocial, sexual and family dimensions of the problem, congruent with the levels of post-stress maladaptation. In addition, on the basis of the obtained results, two Clinical and psychological variants of family health deterioration of combatants were distinguished: destructively-congruent, which was characteristic for 40.3% of problematic married couples, and traumatically-uncoordinated, found in 59.7% of the families of the main group. The psychocorrection program for the family health deterioration of combatants was developed, which takes into account both the general laws of its development, and the meaningful differences in its manifestations, depending on the Clinical and psychological variant.

Conclusions: The evaluation of effectiveness, carried out through a comparative analysis of the indicators of marital satisfaction and quality of life of individuals of psychocorrection and control groups, has proved their effectiveness in relation to the selected targets of psychocorrective impact.

Conflict of interest: No

Keywords: poststress psychological maladaptation; family health deterioration; participants in military actions

EPV0972

Phenomenology of psychopathological disorders in combatants with eyes injury and varying severity of post-stress psychological maladaptation

M. Markova^{1*}, R. Abdryahymov¹, T. Abdriakhimova², K. Kleban², D. Sapon² and A. Markov³

¹Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology, Medical And Psychological Rehabilitation, Kharkiv, Ukraine; ²Bogomolets National Medical University, Medical Psychology, Psychosomatic Medicine and Psychotherapy, Киев, Ukraine and ³Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology Medical And Psychological Rehabilitation, Kharkiv, Ukraine

*Corresponding author.

Introduction: Combat trauma of the vision are one of the most serious in terms of the forecast of social functioning and limitations of life for the patient.

Objectives: To conduct a comparative study of the phenomenology of psychopathological response manifestations as psychological disadaptation or post-traumatic syndrome in participants of military actions with eyes injury and partial loss of vision

Methods: 191 participants of military actions were examined: 54 combatants with eyes injury and partial loss of vision (PLV) and manifestations of post-traumatic syndrome; 49 combatants with PLV and signs of psychological disadaptation; 46 combatants

with manifestations of post-traumatic syndrome; 42 combatants with psychological maladaptation.

Results: Combatants with eyes injury due psychological disadaptation demonstrated a reducing signs and symptoms of behavioral maladjustment urgency against the backdrop of the injury. Their skills of adequate psychological behavior on change the external environment were missing. In combatants with PLV on the background of the manifestations of post-traumatic syndrome the processes of formation of neurotic symptomatology on the background of eyes injury was identified. The level of somatic manifestations of psychopathological response indicates the beginning of the formation of neurotic disorders on the basis of post-traumatic syndrome, which is intensified under the influence of additional stress as a result of eyes injury.

Conclusions: The obtained results will be taken into account when creating specialized highly-target approaches to medical and psychological rehabilitation for this contingent.

Conflict of interest: No

Keywords: post-stress psychological maladaptation; eyes injury; combatants

EPV0973

The relationship between trauma, HIV infection and neurocognitive impairment: a systematic review of observational epidemiological studies

G. Spies^{1*}, H. Wieler², L. Masilela³, E. Konkiewitz⁴, S. Mall³ and S. Seedat⁵

¹Stellenbosch University, Department of Psychiatry, Cape Town, South Africa; ²Berlin, Psychology, Berlin, Germany; ³University of the Witwatersrand, Division Of Epidemiology And Biostatistics, Johannesburg, South Africa; ⁴Universidade Federal da Grande Dourados, Psychiatry, Dourados, Brazil and ⁵Stellenbosch University, Psychiatry, Cape Town, South Africa

*Corresponding author.

Introduction: HIV/AIDS and traumatic experiences or stressors are independently associated with neurocognitive impairment (NCI). Both exposures tend to consistently affect various domains of cognition including language ability, working memory and psychomotor speed across studies.

Objectives: There are limited data of the interaction between trauma and HIV infection and their combined effect on NCI. In the present systematic review we synthesize the evidence of their interaction and combined effect on NCI from high and low middle income countries.

Methods: Our inclusion criteria for this review are observational epidemiological studies including case control, cohort and cross-sectional studies of the interaction of HIV infection and trauma and specifically their combined effect on NCI in adults. We include studies from high income and low and middle income countries. We searched a number of electronic databases including Pubmed/Medline, Psyc info, Embase and Global Health using the search terms: HIV, trauma, neurocognitive impairment, interaction and permutations thereof.

Results: We included 15 studies, of which the majority were conducted in high income countries. Ten of these studies were conducted in the United States and five in South Africa. Seven of these studies focused on early life stress/childhood trauma. The remaining studies included trauma across the lifetime. Nine studies included

women only. Overall, the studies show that trauma exposure is a significant risk factor for NCI in adults living with HIV, with impairments in memory and executive functions most prominent. **Conclusions:** These findings highlight the need for trauma screening and for the integration of trauma-focused interventions in HIV care to improve outcomes.

Conflict of interest: No

Keywords: HIV/AIDS; trauma; Neurocognitive impairment; Systematic Review

EPV0979

Clinical incidence of psycho traumas in outpatient consultation at the ar-razi hospital salé

M. Yamoul^{1*}, S. Benzahra², A. Karara³, F. Laboudi¹ and A. Ouanass¹

¹CHU IBN SINA, Ar-razi Hospital, SALE, Morocco; ²CHU IBN SINA, Hospital Arrazi Sale, SALE, Morocco and ³CHU Ibn Sina / Arrazi -SALE hospital, Psychiatry, SALE, Morocco

*Corresponding author.

Introduction: Psychological trauma causes clinical symptoms spécifique, ranging from acute to post-traumatic stress states and complicates the management of vulnerable patients. A simple act of screening at any psychiatric consultation would be to identify the number and type of potentially traumatic events experienced during life.

Objectives: To evaluate the impact of psycho-traumatism and their clinical incidence in a population of psychiatric consultants at AR-RAZI Hospital .

Methods: This is work on a sample of 100 patients who consult for a variety of psychiatric conditions and is intended to identify patients with a self-administered questionnaire .

Results: One hundred subjects were solicited, six subjects refused to participate, 84 subjects participated in our work, and 10 subjects could not be included, for various reasons: cognitive dysfunction (four patients), seriously ill patients (three patients), elderly subjects (three patients). In our work, the average age of patients is 34.15 years, 54.8% are female and 45.2% male, including 56% are single (Table 1).

In this work, 62 subjects experienced traumatic experiences, of which 22.6% were physical assaults, 10.7% sexual assaults, 10.7% related to the death of a loved one, 9.5% transportation accidents and 4.8% serious work or domestic accidents, with high scores on the diagnostic scale of post-traumatic stress disorder for DSM-5 (PDS-5) in patients who had experienced physical assault, sexual assault, or unexpected death of a loved one (Table 2).

Conclusions: Among the psychopathological consequences that a person may suffer from when confronted with an event

Variable	N (%)
> Socio-demographic characteristics	
Population	84 (100)
Middle age	34.15
Gender	
Female	46 (54.8)
Male	38 (45.2)
Marital status	
single	47 (56)
Divorced	10 (11.9)
Married	26 (31)
School level	
Primary	11 (13.1)
Secondary	46 (54.8)
University	13 (15.5)
Profession	
No	44 (42.5)
Yes	40 (47.5)

Traumatic event	Frequency
	%
Natural disaster	0
Fire or explosion	0
Transport accident	9.5
Serious work or domestic accident	4.8
Physical assault	22.6
Sexual assault	10.7
Fight	3.6
Exposure to a war zone	0
Life threatening illness or injury	4.8
Serious human suffering	0
Sudden death, violent	0
Sudden death, unexpected of a loved one	10.7
Serious injury	7.1

traumatizing post-traumatic stress disorder represents an often severe progressive modality

Conflict of interest: No

Keywords: incidence; PTSD; trauma; psychotraumatisme

EPV0980

Psychotrauma: clinical polymorphism and misdiagnosis

A. Zaki* and F. El Omari

ar-razi hospital, Psychiatry, salé, Morocco

*Corresponding author.

Introduction: Post-traumatic stress disorder is defined as a mental disorder resulting from the experience of traumatic life events. Psychotrauma is transnosographic because it affects all fields of psychiatry in its clinical expression, also it's transcultural because of its universality. The transcultural dimension distorts its expression and confuses the identification for less trained clinicians and is a source of misdiagnosis.

Objectives: The aim of this work is to focus on the clinical polymorphism of psychotrauma likely to induce misdiagnosis as well as therapeutic error.

Methods: We report the case of a patient hospitalized at the ar-razi hospital in Salé who presented a manic-looking state.

Results: This case concerns Mrs. G N, 59 years old, married with no previous pathological history, who was admitted for the handling of psychomotor excitement, with the verbalization of delirious statements, 10 days after the announcement of the metastatic cancer of her son. Psychiatric examination Finds a agitated patient with maniac and delirious syndrome. The patient was treated with medzapine and depakine without clinical improvement. She was treated then with fluoxet only with a good clinical improvement.

Conclusions: The state of post-traumatic stress disorder is multiple in its clinical aspect and varies in its evolution, which may manifest itself by manic symptoms. A clinician with no transcultural competence may be confused and can take more time to make the right diagnosis.

Conflict of interest: No

Keywords: Post traumatic stress disorder; delirium; psychotrauma; acute stress reaction

Prevention of mental disorders

EPV0983

Evaluation of the impact of a psychoeducational intervention in suicidal ideation and depressive symptoms in adolescents

A.P. Amaral*, J. Sampaio and M. Pocinho

Polytechnic of Coimbra, Coimbra Health School, Coimbra, Portugal
*Corresponding author.

Introduction: Suicidal behaviors in adolescents are a major public health problem and evidence-based prevention programs are greatly needed. Engaging young people in prevention and early intervention programmes is a challenge for health services.

Objectives: To test the effects of a psychoeducational intervention in suicidal ideation, depression symptoms and hopelessness among adolescents at a school context.

Methods: This study employed a pre post-test design using the follow Beck instruments: Scale for Suicide Ideation, Depression Inventory and Hopelessness Scale. Participants: 30 adolescents (83.3% females) with mean age of 15.6 years (SD=1.13) had the inclusion criteria which was having suicidal ideation. Intervention: 15 sessions (1 hour each), held 3 times a week. A paired samples tests (parametric and nonparametric) was conducted to evaluate the impact of the intervention.

Results: After the intervention, most of the adolescents (60%) no longer had suicidal ideation. The scores of depression and hopelessness also decreased, 73.3% of the adolescents presented low scores of depression and 90% low scores of hopelessness. When comparing the pre and post-test, results showed a significant decrease ($p < 0.001$) of mean scores of suicidal ideation, from 10.5 to 2.6, depression symptoms, from 23.8 to 7.2 and hopelessness, from 7.2 to 2.2.

Conclusions: The intervention implemented in the school environment was positive, with significant decrease in suicidal ideation, depressive symptoms and hopelessness. Although there was no control group, the results suggest that the psychoeducational intervention implemented can contribute to reduce the suicidal risk in adolescents.

Conflict of interest: No

Keywords: Prevention; Suicidal ideation; adolescents; Depressive symptoms

EPV0984

Promoting an adaptive relationship with eating behavior in young adults – a preliminary case series study

A.P. Amaral^{1*}, P. Nogueira¹, C. Duarte² and P. Castilho³

¹Polytechnic of Coimbra, Coimbra Health School, Coimbra, Portugal;

²University of Leeds, Faculty of Medicine & Health, Leeds, United Kingdom and

³University of Coimbra, Faculty of Psychology And Educational Sciences, Coimbra, Portugal

*Corresponding author.

Introduction: Eating pathology is associated with subjective distress and functional impairment, as well as inpatient hospitalization, suicide attempts, and mortality. Interventions / Prevention programs directed at the general community that promote

awareness of risk factors and promote psychological wellbeing may be relevant to decrease the likelihood of disordered eating.

Objectives: This exploratory study aimed at examining the effects of a brief low intensity intervention in college students. The intervention focused on 1) the clarification of key risk factors; 2) the promotion of positive self-evaluation and adaptive eating behavior attitudes.

Methods: We adopted a case series approach. 5 participants (females; age range from 18 to 20 years) completed measures of Intuitive Eating, Body Image Shame, Perfectionism and Psychopathologic symptoms. Intervention: five 60-minutes sessions, focused on the role of shame and sociocultural pressure, perfectionism, negative affect, body image acceptance and flexible diet. Within-subject descriptive statistics and reliable change index analyses were conducted to examine the effect of the low touch intervention.

Results: showed decreases on body shame, negative affect and perfectionism and an increase of intuitive eating levels, with special incidence in one of the subjects.

Conclusions: Findings generally suggested that the intervention was feasible and acceptable, emphasizing the potential beneficial impact of this light intensity prevention program. However, results should be considered cautiously given the methodological limitations of the study that should be addressed in future research.

Conflict of interest: No

Keywords: eating behavior; intuitive eating; Intervention; shame

EPV0985

Impact of a nutritional psychology intervention on quality of life of the elderly: a preliminary study

P. Simões, A.P. Amaral* and C. Rocha

Polytechnic of Coimbra, Coimbra Health School, Coimbra, Portugal
*Corresponding author.

Introduction: The exponential grow in the elderly population and the increase in mental health problems raises a concern with the elderly's quality of life. The positive association between healthy eating, mental health and longevity justified the implementation of this health education program.

Objectives: The main goal was to improve the quality of life of the elderly based on improved nutritional status, mood and social networks.

Methods: This study employed a pre and post-test design. Measures: Geriatric Depression Scale, Lubben Social Networking Scale, WHOQOL-OLD and Mini Nutritional Assessment. Qualitative assessment was made using a logbook. Participants: 22 elderly, 90,9% females, with mean age of 84,45 years (SD=1.13), divided in intervention group (n=11) and control group (n=11), with at least two of the following inclusion criteria: social isolation, depressive symptoms and risk of malnutrition. The intervention ran for 6 weeks, with 12 sessions, 90 minutes each.

Results: Regarding the intervention group, results showed improvements in the mood, social isolation and nutritional status. The mean scores of Quality of life (QoL) (total) increased from 87,1 to 89,9, and the facets of QoL "Social participation" and "Family" increased significantly ($p=0.044$; $p=0.024$, respectively). In the control group, results showed a significant decreased of QoL (total) from 91,3 to 80,7 ($p=0,010$) and of the facets "Sensory abilities", "Autonomy", "Social participation" and "Family" ($p=0,028$; $p=0,048$; $p=0,015$; $p=0,020$, respectively).

Conclusions: This holistic intervention met the proposed objectives, showing the importance of health promotion programs. Moreover, longer programs with larger samples will be able to provide more significant positive results. (CENTRO-01-0145-FEDER-023369-AGA@4life)

Conflict of interest: No

Keywords: quality of life; health promotion; social isolation; Elderly

EPV0986

Mindfulness and burnout prevention among mental health professionals.

V. Matyushin and I. Blinnikova*

Moscow State University, Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: Dispositional mindfulness (DM) – the capacity to bring nonjudgmental awareness to everyday activity - is considered in literature as an effective resource of work-related stress reduction but much less is known about its ability to influence the development of burnout syndrome.

Objectives: Two following studies examine impact of dispositional mindfulness on burnout in mental health professionals.

Methods: Mindfulness and burnout were measured by Russian adaptations of FFMQ, MAAS, and Maslach Burnout Inventory.

Results: In study 1 professionals with different levels of DM were compared according to the severity of symptoms of burnout syndrome. Participants (N = 177) using hierarchical cluster analysis were divided into 3 groups with a high, medium and low level of mindfulness. Comparison of groups using ANOVA revealed statistically significant differences in terms of emotional exhaustion (F = 5.549, p = .005), depersonalization (F = 4.369, p = .015), reduction of personal achievements (F = 6.693, p = .002) and integral burnout rate (F = 8.988, p = .000). Participants with higher level of mindfulness showed lower rate of burnout. Study 2 examined whether development of mindfulness through training affects the severity of burnout syndrome. After completing the MBCT program, participants from the experimental group significantly increased in acting with awareness (Z=-2.499, .012) and non-reacting (Z=-2.120, .034) measured by FFMQ, MAAS (Z=-2.670, .008) and the rate of Personal Achievement (Z=-2.275, .010).

Conclusions: The level of mindfulness negatively affects the severity of burnout symptoms. These findings make mindfulness-based interventions potentially an effective tool for burnout prevention in mental health professionals.

Conflict of interest: No

Keywords: Mindfulness; Burnout

EPV0987

Sagacity college: a complementary approach and a prevention model offered in the community to promote good mental health for seniors

M.-M. Lord^{1*}, C. Briand² and C. Hand³

¹Université du Québec à Trois-Rivières, Ergothérapie, Trois-Rivières, Canada; ²Université du Québec à Trois-Rivières, Department of Educational Sciences, Trois-Rivières, Canada and ³Western University, Occupational Therapy, London, Canada

*Corresponding author.

Introduction: Older people with a mental health problem often live with a complex functional picture, regularly presenting a chronic illness in addition to the impacts of normal aging. In a context where people are living longer, our approach to mental health needs to make accessible effective preventive interventions.

Objectives: In this context, the objective of this presentation is to talk about a research project carried out to develop a program logic model of a preventive intervention for seniors

Methods: The logic analysis makes it possible to describe the characteristics of an intervention in terms of resources, activities and expected results in the short, medium and long term. The logic analysis carried out in this project focused on three major modeling steps; (1) a literature review, (2) case analysis (3) partnership work with different key players in the community.

Results: The model, called the Sagacity College model, puts forward an educational approach in the community where all people have access to training on mental health, recovery and well-being. The model is based on the proximity of students from diverse backgrounds and on principles of social inclusion. In this intervention, seniors play an active role not only as learners, but as transmitters of knowledge about health, prevention of mental health disorders and how act daily.

Conclusions: Such an intervention is intended to increase the empowerment of older adults, promote the adoption of behaviors that promote good mental health, and improve knowledge of best practices to address common mental health disorders.

Conflict of interest: No

Keywords: Prevention; Seniors; learning

EPV0989

“Progetto mary”: work with patients, thinking about children.

L. Pesce*, M. Imoli, S. Cristofori, A.M. Dell’Eva and C. Agostini

APSS, Pychiatry - Unit 1, trento, Italy

*Corresponding author.

Introduction: Psychiatric illness among parents can have a devastating impact on children’s wellbeing, and their development.

Objectives: “Progetto Mary” is a program aimed at preventing the distress that may arise in psychiatric patients children. The objectives are: to support parenting skills in the presence of mental disease; to promote the children ability to cope positively with difficult situations; and to improve relational wellbeing and family quality life.

Methods: We set up a project at the Unit 1 of the Psychiatry Department of APSS, in Mezzolombardo (Trento), inspired by the “Progetto Semola” based in Milan, and by the Finnish national program. The project involves parents with children aged 6 to 16 years. The interventions are structured in two levels: “Let’s Talk about Children”, three interviews dedicated to patients and their partners, and “Family Talk Intervention”, which also includes children and it takes 5-6 interviews.

Results: The pilot project started on July. To date we involved 8 parents of children of average age 9 years. The plan is to involve ten couple by the end of the year. The tentative results of the satisfaction survey suggest an effective support to parenting, and parents have spontaneously created a network of mutual self-help.

Conclusions: Within the several pathways linking parental mental illness with poor child outcomes, parent’s impaired parenting is one potentially modifiable factor. The outcomes of our project can be

used to implement a preventive family program in Mental Health Care, in order to improve parenting and the parent's awareness about children.

Conflict of interest: No

Keywords: prevention+children+parental mental illness+family intervention

EPV0990

Supporting research: the RANZCP foundation

A. Peters

Royal Australian and New Zealand College of Psychiatrists, Chief Executive Officer, Melbourne, Australia

Introduction: The RANZCP Foundation was launched in 2019 and enables the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to raise funds and manage an annual grants, scholarships and awards program for psychiatrists in Australia and New Zealand to undertake new and innovative psychiatric research projects.

Objectives: To provide an overview of the RANZCP Foundation and its annual grants, scholarships and awards program that support and encourage psychiatrists to engage in clinical work, research and other initiatives to improve the mental health and wellbeing of communities.

Methods: The Foundation is overseen by a senior advisory committee reporting directly to the RANZCP's Board of Directors. The RANZCP Foundation Committee is responsible for developing and overseeing the implementation of the Foundation's strategic goals including the fundraising strategy, a gap analysis in mental health research in Australia and New Zealand and defining the research priorities.

Results: Since the launch of the Foundation there has been a three-fold increase in donations and the Foundation has awarded a number of grants, scholarships and awards to further psychiatry research in Australia and New Zealand. 100% of donations to the Foundation go to funding grants with all operational costs of the Foundation supported internally by the RANZCP.

Conclusions: The RANZCP Foundation supports and encourages psychiatrists to engage in clinical work, research and other initiatives to improve the mental health and wellbeing of communities.

Disclosure: 100% of donations to the Foundation go to funding grants with all operational costs of the Foundation supported internally by the RANZCP (I am CEO of the RANZCP).

Keywords: research; grants

EPV0991

Reducing stress in mental health nurses: the development of a comprehensive approach to build resilience in the working place

N. Semenova^{1*}, L. Burygina², E. Kryukova³ and A. Palin³

¹Moscow Research Institute of Psychiatry – a branch of V.Serbysky National Medical Research Centre for Psychiatry and Narcology, Department of Clinical, Social And Biological Studies Of Psychotic Spectrum Disorders, Moscow, Russian Federation; ²Psychiatric hospital No. 4 named after P.B.Gannushkin, Administration, Moscow, Russian Federation and ³Psychiatric hospital No. 4 named after P.B. Gannushkin, Rehabilitation, Moscow, Russian Federation

*Corresponding author.

Introduction: Stress and burnout in mental health nurses remain major concerns for the health service. To date the bulk of research has focused on assessment and measurement of stress. Few researchers have attempted to intervene to reduce staff stress and to build resilience in the working place.

Objectives: To design a training programme – as part of the service developments within the Moscow based Psychiatric Hospital – in order to equip the nursing staff with the necessary knowledge and skill base for reducing stress and burnout, and building resilience in the working place.

Methods: Participants (n=25) are assessed pre-intervention, and one month after. Measures include a range of assessments covering hardiness as a pattern of attitudes that provides the courage and strategies to turn stressful circumstances into growth opportunities (Maddi, 1984, 2006), and mediating variables (demographic). In addition to these indicators, qualitative methods are utilized as well.

Results: The intervention was delivered via a five session workshop format. The results of these measures and comments upon the impact of training on the nurses' attitudes are presented. Results were evaluated for efficacy. A separate phase to encourage dissemination would seek to train staff from other departments to deliver the intervention.

Conclusions: The implication of these findings for improving care by caring for professional carers is discussed. The study's findings have the potential to inform organizations in mental health to promote resilience in mental health nurses, with the potential to reduce the risk of burnout and hence staff attrition, and promote staff retention and occupational mental health.

Conflict of interest: No

Keywords: mental health nurses; Resilience; Burnout

EPV0993

Hope and psychological resilience: cross cultural study

T. Alali

Kuwait University, Psychology Department, Kuwait, Kuwait

Introduction: This study examines hope & resilience among psychological literature and lay accounts. Hope theory has been one of the key topics within positive psychology. In this study we compare the Arab studies to the original studies showing significant differences and contradictions between the two clusters. We also examine laypeople's accounts of hope and resilience through their accounts of personal experiences.

Objectives: To highlight the cultural affect on understanding the concept of Hope, resilience and agency thinking. It examines laypeople's accounts of hope as well as trauma. It focuses on how and why lay people construct the notion of hope and resilience. It discusses the notion of pathological hope as well as pathological adaptation.

Methods: We compare the construction of hope and resilience within Arab studies and original research. We employ discursive psychology to examine the construction of hope and resilience within the accounts of lay people exposed to traumatic events related to wars.

Results: The concepts of hope differ significantly among the two groups of studies. Arab researchers overlook the notion of agency thinking, responsibility as well as accountability. Similarly, the lay people's accounts of hope and resilience lack the notion of agency as well as culpability. This builds hope as an end and not a means to achieve further ends.

Conclusions: Hope and resilience should be examined through the use of both quantitative and qualitative methods. The lay people's accounts and the scientific understandings of the concepts must be examined and compared to the wider application and consequences of various related psychological constructs.

Conflict of interest: No

Keywords: hope; trauma; psychopathology; psychological resilience

EPV0994

Factorial invariance of the adult hope scale among undergraduates in Kuwait

T. Alali

Kuwait University, Psychology Department, Kuwait, Kuwait

Introduction: The Adult Hope Scale (AHS) was developed as a measure of hope with a 12-item using an 8-point Likert-type scale (Snyder et al., 1991). There is no study until this date that examines the explanatory and confirmatory factor invariance of AHS among Kuwaiti undergraduates.

Objectives: The current study investigated the factorial invariance (the original two-factor model of the AHS) across two undergraduate samples

Methods: Sample one (2000) consisted of (1000) males and (1000) females, with a mean age (20.25±0.05) years, while sample two (760) consisted of (288) males and (472) females with a mean age (20.10±1.53) years, from Kuwait University. The Arabic version of the AHS was administered to participants. Explanatory factor based on sample one and confirmatory factor analysis based on sample two of AHS were used in this study.

Results: The results revealed no significant gender differences in AHS for sample one (F= 1.68, p> .05) and sample two (F= 2.58, p> .05). The explanatory and confirmatory factor analysis of (AHS) extracts two -component solution explains %56.89 variance of sample one and %59.94 for sample two. No significant differences were found in the factor patterns for the agency and pathways factors for sample one and sample two.

Conclusions: The results of both confirmatory and exploratory factor analysis indicated that the original two-dimensional structure (pathways dimension & agency dimension) provides a better fit to the data. There was a great deal of factor similarity between the two samples, with Tucker's phi being 0.96.

Conflict of interest: No

Keywords: hope; Adult Hope Scale

EPV0996

Prevention of tobacco use among youth: systematic review of the literature and meta-analysis

G. Nosari^{1*}, F. Calorio¹, G. Salazar De Pablo², B. Di Marco¹, L. Di Maggio¹, I. Famularo¹, F. Ruzzi¹, P. Politi¹ and P. Fusar-Poli³

¹Università Degli Studi di Pavia, Psychiatry, Pavia, Italy; ²King's College London, Institute of Psychiatry, Psychology, And Neuroscience, London, United Kingdom and ³King's College London, Department of Psychosis Studies, London, United Kingdom

*Corresponding author.

Introduction: Smoking is universally considered a major risk factor for various somatic diseases, such as cardiovascular disease,

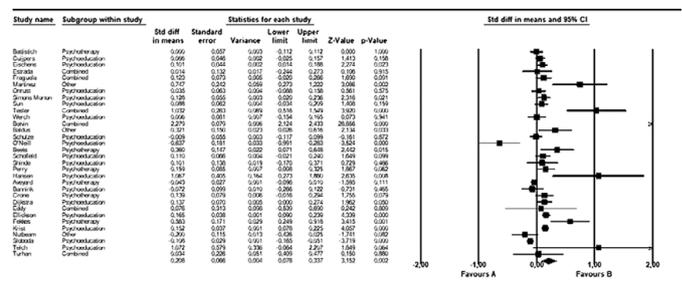
cancer and respiratory disease. It is also associated with several psychiatric disorders and addictive behaviors; approximately 1 every 5 individuals under the age of 15 years report daily use of tobacco. Therefore, early prevention should be addressed as a primary need.

Objectives: Our goal was to investigate the effectiveness of interventions to prevent tobacco use, conducted in subjects under 35 years old.

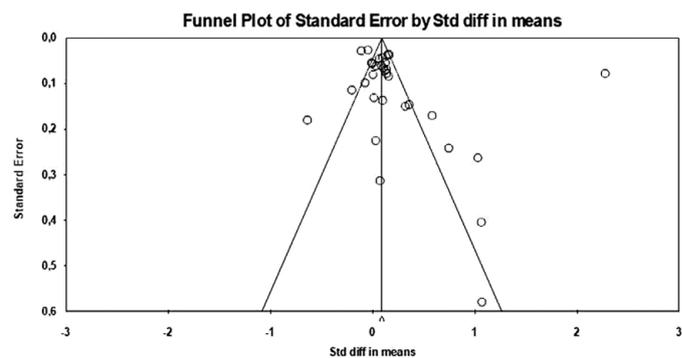
Methods: A multi-step literature search (up to 1st May 2019) was performed to identify relevant articles. From 52725 articles initially found, 32 relevant articles with meta-analyzable data were selected and extracted by independent researchers.

Results: Preventive interventions included in this search were effective, although the effect size was small (g=0,208, SE=0,066). Effect sizes related to each of the intervention are represented in a forest plot (see Fig.1). A subgroup analysis was performed including four specific intervention categories (psychoeducation, psychotherapy, combined interventions, other interventions): combined interventions showed the highest effect size (see Tab.1). I2 index and Q test detected high heterogeneity in the included studies; visual inspection of funnel plot did not show significant publication bias, and this was confirmed by the "trim-and-fill" method (see Fig. 2). Fig. 1 Forest plot two step literature search.

Tab.1 Meta-analysis summary.



Study name	Subgroup within study	Std diff in means	Standard error	Statistics for each study		Z Value	p-Value	Std diff in means and 95% CI	
				Variance	Lower limit			Upper limit	Q
Balducci	Psychotherapy	0.096	0.020	0.000	0.112	0.900	0.999		
Carroll	Psychoeducation	0.095	0.043	0.023	0.014	0.108	0.923		
Chaffin	Psychoeducation	0.154	0.030	0.017	0.046	0.201	0.848		
Chaffin	Combined	0.123	0.025	0.056	0.020	0.266	0.793		
Chaffin	Other	0.127	0.042	0.056	0.027	0.222	0.826		
Chaffin	Psychoeducation	0.036	0.063	0.034	0.060	0.136	0.901		
Chaffin	Psychoeducation	0.108	0.065	0.052	0.051	0.256	0.781		
Chaffin	Combined	0.107	0.063	0.049	0.036	0.249	0.814		
Chaffin	Psychoeducation	0.064	0.061	0.027	0.034	0.165	0.873		
Chaffin	Combined	0.275	0.070	0.056	0.124	2.413	0.016		
Chaffin	Other	-0.161	0.036	0.021	0.019	-0.816	0.414		
Chaffin	Psychoeducation	0.207	0.033	0.061	0.020	3.821	0.000		
Chaffin	Psychotherapy	0.260	0.047	0.022	0.019	4.619	0.000		
Chaffin	Combined	0.110	0.096	0.034	0.021	0.240	0.816		
Chaffin	Psychoeducation	0.161	0.120	0.013	0.130	0.121	0.907		
Chaffin	Psychotherapy	1.847	0.405	0.144	0.273	1.860	0.033		
Chaffin	Psychoeducation	-0.043	0.027	0.001	0.006	-0.019	0.985		
Chaffin	Combined	0.072	0.059	0.010	0.096	0.122	0.923		
Chaffin	Psychotherapy	0.110	0.074	0.006	0.056	0.144	0.887		
Chaffin	Combined	0.235	0.013	0.026	0.030	2.810	0.000		
Chaffin	Psychotherapy	0.163	0.028	0.051	0.000	0.250	0.800		
Chaffin	Psychoeducation	0.361	0.071	0.029	0.049	0.916	0.361		
Chaffin	Psychoeducation	0.132	0.024	0.014	0.005	0.557	0.581		
Chaffin	Psychoeducation	-0.129	0.028	0.011	0.003	-0.461	0.644		
Chaffin	Psychoeducation	1.072	0.076	0.390	0.064	14.667	0.000		
Chaffin	Combined	0.054	0.028	0.011	0.009	0.170	0.866		
Chaffin	Combined	0.068	0.096	0.061	0.137	0.312	0.752		



Conclusions: Our findings suggest that preventive interventions carried out in young individuals are effective and can reduce the burden of smoking in terms of health consequences and social costs.

Conflict of interest: No

Keywords: Systematic Review; Prevention; Smoke; meta-analysis

EPV0997

2. A glance to perinatal mental health: screening and early intervention of bonding disorders as a strategy for preventing complex trauma.

G. Hernandez-Santillan^{1*}, M.F. Bravo-Ortiz², M. Alcami Pertejo², A. Fernandez-Sanchez² and G. Lahera³

¹Universidad Autónoma de Madrid, Medicine, Madrid, Spain; ²La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and

³University of Alcala, School of Medicine, Alcalá de Henares, Spain

*Corresponding author.

Introduction: ‘Bonding disorders’ occur in 1% in the general population and are more frequent in clinical samples, affecting parents and their offspring even beyond the first year after birth. Strikingly, this goes often overlooked. Moreover, complex trauma is a common consequence of severe neglect, maltreatment and emotional abuse in parent-child relationship disturbances. Might be prevention better than cure?

Objectives: To analyze bonding-related issues and propose alternative solutions to prevent complex trauma since a Perinatal Mental Health perspective.

Methods: Systematic search and literature review.

Results: Emotional rejection (ER) of the infant is the most severe disorder in Perinatal Psychiatry, being most frequent than psychosis and suicidal depression in puerperal mothers. Insecure and disorganized attachment in offspring is associated with parents suffering ER, with or without depression, leading to a wide range of psychopathology in children and adolescents. So, how is it possible to detect bonding disorders and treat them in time? 1) Assistance at antenatal health centres is an excellent opportunity for identifying pregnant women at high risk. A useful screening scale is Prenatal Attachment Inventory. 2) After birth, there is the Postpartum Bonding Questionnaire, which has been validated and widely translated, included in Spanish. 3) Interventions like video-feedback psychotherapy and educative intervention are measures implemented in some Spanish centres, however, there is still work in the public health sector to validate scales and implement installations for Perinatal Psychiatry units.

Conclusions: Perinatal Psychiatry demands greater attention from clinicians and researchers for its preventive and therapeutic potential, resulting in long-term cost savings in health and other systems.

Conflict of interest: No

Keywords: bonding disorders; complex trauma; perinatal mental health; Prevention

Promotion of mental health

EPV0999

Future perspectives of the institute of cognitive modeling within mental health care delivery in ukraine

S. Lahutina^{1*} and S. Subbota²

¹Bogomolets National Medical University, Institute of Cognitive Modeling, Medical Psychology, Psychosomatic Medicine and Psychotherapy Department, Kyiv, Ukraine and ²Institute of Cognitive Modeling, Scientific Department, Kyiv, Ukraine

*Corresponding author.

Introduction: Level of mental disorders is extremely high in Ukraine. It represents a huge cost to economy. Mental illness, lack of mental wellbeing negatively impact on the life quality. Recently, there has been an increased emphasis on accountability in health care service delivery, a concern that often goes hand-in-hand with the issue of competence.

Objectives: In September 2019, the Institute of Cognitive Modeling (ICM) was opened in Kyiv. We consider this event to be outstanding for Ukrainian medicine, it gives an opportunity for ensuring high quality of care in line with international protocols and standards. The main goal of the ICM is supporting the promotion of mental wellbeing and the primary prevention of mental disorders. This goal can be achieved by psychoeducational work on the principles of evidence-based medicine.

Methods: ICM will be focused on computer-based implementation yielding quantitative predictions of behavior, cognitive processing steps, of neural activity; psychodiagnosis, psychoeducation, pharmacotherapy, psychotherapy and up-to-date digital technologies.

Results: Mostly young scientists and students will work therewith the aim to reduce the emigration of young specialists. Furthermore, Ukraine needs quick changes that is why we will most of all influence such population category as employees. We will try to recognise the mental health (MH) needs of the workforce, promote a culture of good MH for employees, optimize the work according to personal characteristics to ensure early help-seeking and supporting return to work.

Conclusions: We expect to create a prevention-focused approach, increase MH awareness and psychosocial functioning, improve accessibility of MH services, decrease discrimination and human rights violations.

Conflict of interest: No

Keywords: mental health awareness; psychoeducation; Institute of Cognitive Modeling; mental health

EPV1000

Re-enrolling young people who had dropped out of high school. A follow up study describing experiences with a public intervention program

G. Ramsdal¹ and R. Wynn^{2*}

¹UiT The Arctic University of Norway, Social Education, Harstad, Norway and ²UiT The Arctic University of Norway, Clinical Medicine, Tromsø, Norway

*Corresponding author.

Introduction: When youth drop out from school this may have important consequences, including for their mental health. It is therefore important to find successful methods to help those who have dropped out, but this topic has not received much scientific attention. In Norway, only one third of those who have dropped out report having received satisfactory assistance to enable them to re-enrol in school or alternatively to join work-training programs.

Objectives: To investigate how students who have dropped out from high school experience a new public program aimed at assisting them to re-enroll in school and to examine which factors that motivate them and which factors that impair their school re-enrolment.

Methods: We performed repeated qualitative in-depth interviews about the re-enrollment process with five young people who had dropped out of school. We analyzed data using a qualitative methodology drawing on concepts from Grounded Theory.

Results: The informants expressed their belief in the importance of graduating high school. Nevertheless, a lack of coping experiences, problems with discovering their core motivation, and problems finding courses that seemed relevant and within their range of mastery, kept disturbing their re-enrollment processes. However, this confusion also increased their motivation for taking a job while finding more clarity as to which type of education to choose. The close relationships and daily follow-up by social workers in the project were the main reasons they gave for staying in the program.

Conclusions: The quality of the relationships and the close follow-up by their social workers were important factors that helped the participants remain in the program.

Conflict of interest: No

Keywords: School drop-out; Motivation; Relationships; Coping

EPV1001

Effect of stress on self-reported psychopathic experience

J. Joo^{1,2*} and A.J. Goo³

¹Seoul National University Hospital, Department of Public Health Medical Service, daehak-ro, Jongno-gu, Seoul, Korea, Republic of;

²National Center for Mental Health, Department of Health Promotion, Yongmasan-ro, Gwanjin-gu, Seoul, Korea, Republic of and ³National Center for Mental Health, Department of Health Promotion, Yongmasan-ro, Gwanjin-gu, Seoul, Korea, Republic of

*Corresponding author.

Introduction: One in three Korean adults (30.6%) reported experiencing a lot of stress in their daily lives, and this rate has increased over the last five years. In addition to biological causes, mental illness is caused by the interaction of environment, psychological factors, and stress. The stress-vulnerability model can be seen as a concrete framework for understanding the effects of stress on psychopathology such as depression and suicide.

Objectives: The purpose of this study was to confirm the whether perceived stress actually affects the experience of psychopathology in adults who have a mental health examination voluntarily at the National Center for Mental Health of Korea.

Methods: To do this, self-report responses from screening subjects (n=75) from Jul 2018 to May 2019 using the following tools(PSS-10, GARS, SCL-90-R).

Results: As a result, the higher the perceived stress level as determined by the Perceived stress scale-10, the higher scores of psychotic symptoms (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, phobic anxiety, and psychoticism) were reported at a significant level. The recent stress confirmed by Global Assessment of Recent Stress, it was confirmed whether the feeling of severe stress explained psychotic symptoms of psychopathology. As a result, linear regression models of each psychotic symptoms was significant and the explanatory power was high from 0.380 to 0.581.

Conclusions: Stress is related to the manifestation of OCD and psychosis not only causing depression and anxiety, as it is known. Thus prejudices in Korean society that comes from explaining psychopathology only by personal characteristics, should be noted to the role of stressful environment.

Conflict of interest: No

Keywords: stress-vulnerability model; stress; psychopathology; Psychotic Symptoms

Psychoneuroimmunology

EPV1007

Gut microbiota and mental health

P. Hervías Higuera^{*}, M. Benítez Alonso and J. Correas Lauffer

HOSPITAL UNIVERSITARIO DEL HENARES, Psiquiatría, COSLADA, MADRID, Spain

*Corresponding author.

Introduction: Psychoneuroimmunology is the science that studies the interaction between the nervous system, immune system and endocrine system. This interaction takes place through the microbiota, which is the set of microorganisms that reside in the gastrointestinal tract. The alteration of the composition of the intestinal microbiota is known as dysbiosis and seems to be involved in multiple pathophysiological processes.

Objectives: We intend to deepen the relationship between the intestinal microbiota and mental illness.

Methods: For them, we are going to make a literature review in pubmed.

Results: Personalized Precision Medicine has allowed us to know the bacterial genome. It is known that more than 90% correspond to Bacteroidetes and Firmicutes. Proinflammatory status with increased cytokines has been demonstrated in patients with schizophrenia. Likewise, increases in some cytokines have been demonstrated even before developing a psychosis in at-risk populations. Schwarz et al. (2017) observed that patients with first episode psychosis presented greater alteration of the composition of the intestinal microbiota compared to non-psychiatric subjects, greater severity of psychotic symptoms and overall functioning at the time of hospitalization, with lower remission rate in a year of follow-up. It has been suggested that cognitive symptoms of depression may result from the interaction of neuroinflammatory and neurohormonal factors related to the hypothalamic-pituitary-adrenal axis.

Conclusions: It would be interesting to be able to carry out more studies in humans that allow us to deepen the knowledge of the intestinal microbiota and its involvement in mental health.

Conflict of interest: No

Keywords: gut microbiota; mental health; First Episode Psychosis; dysbiosis

EPV1009

Anxiety and dissociation: the debut of multiple sclerosis

G. Ortega^{1*}, M.F. Mantilla Reyes¹, M.C. Martinez², J. Vendrell¹ and S. Vargas¹

¹Hospital Universitari Vall d'Hebron, Psychiatry, Barcelona, Spain and

²Hospital Sant Rafael, Psychiatry, Barcelona, Spain

*Corresponding author.

Introduction: Multiple sclerosis (MS) is a neurodegenerative and inflammatory chronic disease of unknown etiology that affects the central nervous system. The prevalence rates of anxiety in MS ranges from 30% to 50%, whereas the lifetime prevalence ranged from 14% to 41%. However, sometimes the anxious clinic may be present as multiple sclerosis prodromes.

Objectives: - Report a case of MS debut, in a patient who initially presents an anxious and dissociative clinic.

Methods: We describe a case of unexpected Multiple Sclerosis diagnosis in a young men with psychiatry history and admitted to a Psychiatry Unit at Hospital San Rafael.

Results: A 32-year-old male with a psychiatric history of alcohol, nicotine and benzodiazepines abuse. A diagnosis of borderline and narcissistic personality disorder with several suicide attempts. During a hospitalization in a Dual Pathology Unit experiences a traumatic event of high emotional and behavioral impact, which originates anxious symptomatology with dissociative episodes and depersonalization. Several outpatient resources were offered; but due to a progressive functionality deterioration, an admission to a Psychiatry Unit was decided. A CT scan was requested after a fall with loss of consciousness in which hypodense lesions in periventricular and subcortical substance were observed. While in the a pseudotumoral lesions suggestive of inflammatory-demyelinating pathology was observed. After this findings motor and sensitive clinic appear. Reaching to Recurrent Remitting Multiple Sclerosis diagnosis.

Conclusions: It is important to carry out an adequate differential diagnosis, as well as the detection of structural medical pathology at new psychiatric symptomatology.

Conflict of interest: No

Keywords: multiple sclerosis; Anxiety; dissociation

EPV1012

Immune types of asthenic disorders in schizophrenia

S. Zozulya^{1*}, A. Yakimets², I. Oleichik² and T. Klyushnik¹

¹Federal State Budgetary Scientific Institution "Mental Health Research Centre", Laboratory of Neuroimmunology, Moscow, Russian Federation and ²Federal State Budgetary Scientific Institution "Mental Health Research Centre", Department of Endogenous Mental Disorders And Affective Conditions, Moscow, Russian Federation

*Corresponding author.

Introduction: The new approach in psychiatry is an attempt to analyze the immune mechanisms of asthenic symptoms development in endogenous process using immunological markers to diagnostic clarification of these disorders.

Objectives: The differentiation of clinical features and immune types of asthenic disorders in patients with schizophrenia.

Methods: The study included 43 patients aged 20-55 years with schizophrenia (ICD-10 F20.x1, F20.x2) in remission. PANSS and MFI-20 scales were used for the assessing symptom severity. The activity of inflammation markers leukocyte elastase (LE) and α 1-proteinase inhibitor (α 1-PI) was detected in serum.

Results: The asthenic disorders in patients with schizophrenia in remission were associated with an increase in the activity of acute-phase proteins (by α 1-PI activity) ($p < 0,001$) and deficiency in the functional activity of neutrophils (by LE activity). These data are in contrast to those in patients with schizophrenia in acute stage of the disease as previously was shown. Two immune types depending on the inflammation markers activity were revealed. The 1st one (41%) demonstrated the moderate increase both LE ($p < 0,05$) and α 1-PI activity ($p < 0,05$) as compared to normal values. The asthenic symptom complex in this group was transient and accompanied by depression symptoms. The 2nd one (59%) showed the increase in α 1-PI ($p < 0,001$) but not LE activity. The asthenic symptoms in these patients were irreversible and associated with negative disorders of varying severity.

Conclusions: The investigated inflammation indicators allow to evaluate the activity of the pathological process in brain and can be used as markers of endogenous asthenia.

Conflict of interest: No

Keywords: schizophrenia; endogenous asthenia; immune types; inflammation markers

EPV1013

Type 17 immune response facilitates progression of inflammation and correlates with cognition in stable schizophrenia

M. Borovcanin^{1*}, S. Minic Janicijevic², I. Jovanovic³, N. Gajovic³, M. Jurisevic⁴ and N. Arsenijevic⁵

¹Faculty of Medical Sciences, University of Kragujevac, Department of Psychiatry, Kragujevac, Serbia; ²Faculty of Medical Sciences, University of Kragujevac, Phd Student At Department of Psychiatry, Kragujevac, Serbia; ³Faculty of Medical Sciences, University of Kragujevac, Center for Molecular Medicine and Stem Cell Research, Kragujevac, Serbia and ⁴Faculty of Medical Sciences, University of Kragujevac, Department of Clinical Pharmacy, Kragujevac, Serbia

*Corresponding author.

Introduction: Dysregulation of Type 17 immune pathway have already been considered in schizophrenia and our previous studies showed decreased sera values of IL-17 in early stages.

Objectives: We analyzed percentage of Interleukin (IL)-17 producing innate and acquired lymphocytes in peripheral blood, and explored the possible correlation of IL-17 systemic levels with proinflammatory cytokines and cognitive scores in stable phase of schizophrenia.

Methods: We included 27 patients diagnosed with Schizophrenia (F20), after a three month stable depot antipsychotic therapy (risperidone or paliperidone) and 18 healthy control subjects. Positive and Negative Syndrome Scale of Schizophrenia and the Montreal-Cognitive Assessment (MoCA) was conducted. Sera concentrations of IL-17, IL-6, Tumor Necrosis Factor alpha (TNF- α) and soluble ST2 receptor (sST2) were measured and also flow cytometry and NK and T cell analyses were done. The statistical analyses were performed using SPSS 20.0 software.

Results: Significantly higher percentage of IL-17 producing CD56+ NK cells ($p = 0.001$) was measured in peripheral blood of patients with SC in remission vs. healthy individuals. Percentage of CD4+ T cells and CD4+ T cells that produce IL-17 were significantly increased in patients ($p = 0.001$). Moderate positive correlation was established between IL-17 and TNF- α ($r = 0.640$; $p = 0.001$), IL-17 and IL-6 ($r = 0.514$; $p = 0.006$), IL-17 and sST2 ($r = 0.394$; $p = 0.042$). Further, positive correlations between the serum levels of IL-17 and MoCA scores was observed ($p < 0.05$).

Conclusions: This study revealed involvement of innate Type 17 immune response in progression of inflammation and that it could be related with cognition in stable schizophrenia.

Conflict of interest: No

Keywords: IL-17; schizophrenia; Inflammation; Cognition

Psychopathology

EPV1019

Mythomania: a review and a case report

C. Banzo-Arguis*, A.M. Matas Ochoa, P. Nava, A. Rodríguez-Quiroga, R. Martínez De Velasco-Soriano and F. Mora

INFANTA LEONOR HOSPITAL, Psychiatry, Madrid (Vallecas), Spain

*Corresponding author.

Introduction: Pseudologia Fantastica (Delbrück, 1891), also known as mythomania or pathological lying, is a psychological phenomenon where patients represent certain fantasies as real occurrences. In contrast to a common lie that pursues a goal, the pseudologue has internal motives or unconscious gains, so there is no obvious external motive for lying. It has been described in the field for over a century. Richard Asher (1951) published his original observations on Munchausen's syndrome, but he reflected that the lies, and no medical symptoms, were essential to factitious presentations.

Objectives: We present a case based on pathologic lying. We propose the usefulness of Eye Movement Desensitization and Reprocessing (E.M.D.R) therapy.

Methods: A systematic review of the literature published in the topic and the discussion of the implications in the differential diagnosis and treatment.

Results: The patient is a 34-year-old man with no previous medical history. No substance use disorder or other psychiatric diagnoses, except an anxiety disorder. The pathological lying was persistent since he was an adult and consisted of pretending to be a doctor or a lawyer. In addition he was diagnosed of mayor depressive disorder and insomnia.

Conclusions: Although Pseudologia fantastica is not coded in the DSM-5, it has historically been associated with factitious disorder. It is difficult to distinguish factitious disorders from somatisation, conversion and dissociation disorders. In all of them, E.M.D.R therapy might be useful.

Conflict of interest: No

Keywords: Mythomania; Pseudologia Fantastica; treatment; Pathological lying

EPV1020

Habit formation in attention deficit hyperactivity disorder (ADHD): protocol for a scoping review

H. Musullulu, J. Bernacer*, J. Murillo and G. Arrondo

University of Navarra, Mind-brain Group; Institute For Culture And Society (ics), Pamplona, Spain

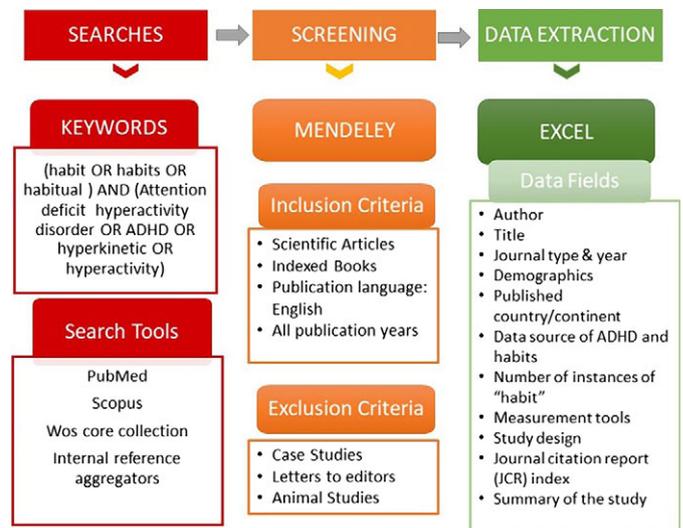
*Corresponding author.

Introduction: ADHD has been related to poorer outcomes in domains such as sleep, diet, exercise, or addiction. A common feature to all of them is that they could be described as a kind of habit formation. Hence, to study if, or how, habit formation has been linked to ADHD in the scientific literature is of importance to understand a prominent feature of the disorder.

Objectives: This review aims to highlight how habit formation has been related to ADHD.

Methods: Internationally accepted guidelines (PRISMA) will be followed in the planning and reporting of the review. This protocol will be registered in the Open Science Framework website. Search queries and databases, reference managers, inclusion and exclusion criteria and key data fields to extract from the included references can be found in figure 1. Screening and data extraction will be carried out independently by two researchers.

Results: Extracted data will be combined into descriptive graphs and tables summarising results. Descriptive statistics will also be



used when appropriate. Key results of articles will be presented narratively.

Conclusions: We plan to explore how frequently, in which journals and academic areas, and under what conceptualization of habitual behavior are habits and ADHD related in the scientific literature. This scoping review will help provide an underlying explanation to many of the poorer outcomes found in the disorder.

Conflict of interest: No

Keywords: ADHD; habits; Systematic Review; protocol

EPV1021

Does an association between social functioning and mentally-ill terrorists exist? A psychological perspective on gap in mental health rehabilitation

C. Curtolo

University, Department of Law, Macerata, Italy

Introduction: INTRODUCTION: Why can a mentally-ill person act like a terrorist? From the holistic perspective terrorism articulates several complex factors that inform us of the brain-behavior relationship. The anchor point of this theoretical proposal is that the psychological core of becoming a terrorist in Europe is the community and the onset is the emotional need of a radicalized identity that sprang from micro-situational processes that are an outcome of tensions toward people who are perceived to be problematic. Premise this, I assume that the extreme case of a mentally-ill person who acts in an aggressive and violent manner is a sign of a poor quality of life and stigmatization in his context where hostility is present in terms of an aversion to knowing and accepting diversity.

Objectives: To discuss how rehabilitation that is not focused on identity can create a state of confusion in patients so they are much more vulnerable to cultural narration regarding conflictuality because the brain needs recognition that energizes the Self as a trigger for empowerment.

Methods: I will show detailed descriptors of the assessment of a bipolar patient's agentivity as an example of 'avenger' for a sense of the unjust in an Italian community characterized by stigma's circulating emotions.

Results: To verify whether agentivity's phenotype is a developmental trajectory that enables mentally-ill persons of the feedback 'I can be an I can do it?'

Conclusions: A positive link between global, social functioning and psychological capabilities as a goal of mental health is theorized.

Conflict of interest: No

Keywords: agentivity; rehabilitation; mood; agentivity; rehabilitation; mood

EPV1023

Chiari malformation and attention deficit hyperactivity disorder

A. Dubow^{1*}, A. Mourot¹ and S. Tourjman²

¹University of Montreal, Psychiatry, Montreal, Canada and ²IUSMM, Psychiatry, Montreal, Canada

*Corresponding author.

Introduction: Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental condition characterized by inattention, hyperactivity and impulsivity. Chiari malformations (CM), form a spectrum of hindbrain malformations characterized by cerebellar herniation through the foramen magnum. Evaluation of attention deficit disorder involves a complete psychiatric interview. Although medical comorbidities are or should be explored there may be underlying conditions which contribute to the phenotypic clinical presentation of ADHD which are insufficiently understood as such.

Objectives: To present a case of concurrent ADHD and Chiari malformation type I (CM-I) and to contextualise this case through a review of the literature.

Methods: A complete evaluation of a patient presenting for ADHD was completed using DSM-5 criteria. Following the discovery of a Chiari malformation a review of the literature was conducted.

Results: Eight publications met criteria. Of these a single prior case report of CM and ADHD was found in the literature.

Conclusions: The co-occurrence of CM and ADHD is intriguing. It supports evidence suggesting that the cerebellum and its associated structures play a role in the pathophysiology of ADHD. It also highlights the possibility that some cases of ADHD may be caused by or associated with cerebellar pathology or malformations. Furthermore, this case and review suggest that further study of the association of CM and ADHD may both clarify the prevalence of this co-occurrence and its potential importance in the evaluation of patients with cognitive deficits.

Disclosure: Past 2 years: Conferences: Janssen, Lundbeck, Otsuka, Purdue, Shire, Sunovion Advisory board: Janssen, Lundbeck, Otsuka, Purdue, Shire, Sunovion Research grants: DiaMentis, Janssen, Lundbeck, Pfizer

Keywords: Cognition; Attention deficit disorder; Arnold Chiari Malformation; Cerebellum

EPV1025

Dissociative symptoms in neurosis and psychosis: a reflection regarding a clinical case

C. Fragoeiro^{1*}, N. Ribeiro², P. Frias¹, E. Palha Fernandes³, P. Valente¹, C. Milheiro¹, L. Brito¹, I. Mota¹ and L. Patrício¹

¹Hospital de Magalhães Lemos, Psychiatry, Porto, Portugal; ²Centro Hospitalar de Setúbal, Psychiatry, Setúbal, Portugal and ³Unidade Local de Saude Alto Minho, Psychiatry, Viana do Castelo, Portugal
*Corresponding author.

Introduction: Dissociative symptoms are present in various psychiatric disorders, both in those with a psychotic and a neurotic background. Although categorized in current classification systems with close proximity to neurotic disorders, dissociative disorders can overlap with psychotic disorders, suggesting that these symptoms are positioned at the border between neurosis and psychosis.

Objectives: We present a clinical case from our Day Hospital, then discuss difficulties in the differential diagnosis when dissociative symptoms are present, as well as the value of dissociative symptoms per se.

Methods: Description of the clinical case and literature revision using PubMed and the keywords "dissociative psychotic" and "dissociative neurotic".

Results: We present the case of a 25-year-old woman admitted to our Psychiatric Day Hospital following a two-month stay in an Acute Psychiatric Ward in the context of suicidal ideation and dissociative episodes with behavioural changes, hetero-aggression and speech alterations, from which she was discharged with the diagnosis of Borderline Personality Disorder. She had a previous diagnosis of Schizoaffective Disorder from another Acute Inpatient admission seven years before, after presenting with a similar clinical picture along with hallucinations. At admission to our service, she presented depressed mood, with no suicidal ideation, but maintaining great anxiety and the described dissociative episodes. Both psychotic and neurotic disorders have been discussed as possible causes for this patient's symptoms.

Conclusions: Distinguishing between neurotic and psychotic causes of dissociative symptoms may prove itself challenging in some patients, but is a crucial step to develop an adequate treatment plan.

Conflict of interest: No

Keywords: neurosis; psychosis; dissociation; psychodynamic

EPV1026

"I got myself a family": delusions of having a spouse and children

G. Marinho^{1*} and I. Ganhao²

¹CHPL, Ccsmo, Lisbon, Portugal and ²Centro Hospitalar Psiquiátrico de Lisboa, Clínica 6, Lisbon, Portugal

*Corresponding author.

Introduction: Delusions of having a spouse and/or of having children have comprehensible psychological affective functions of bridging the gap of unmet relationship and reproductive needs. These delusions are apparently even less frequent than pregnancy delusions, delusions of lineage and misidentification syndromes. Delusions of having a spouse may be considered akin to delusions of being loved.

Objectives: Literature review and reflections on delusions of having a spouse and having children inspired by a patient with schizoaffective disorder with chronic delusions of having a wife and children.

Methods: Search on Pubmed and Google Scholar of terms: delusions of having a spouse/wife/husband/partner; paternity/maternity delusions, delusional procreation syndrome

Results: Search revealed few relevant articles among which are two excellent articles on the proposed "delusional procreation syndrome" (Manjunatha et al., 2010 and 2013) that encompasses these delusions among others.

Conclusions: The scarcity of published literature may or not reflect clinical prevalence of delusions of having spouses/partners and/or children. Basic needs of relationships, intimacy, promoting self-esteem, navigating the cycles of life and the quest for continuity are almost ever present and understandably find their way into delusional content. Delusions of having a spouse may hypothetically be considered a sub-type of erotomania.

Conflict of interest: No

Keywords: delusions of having a spouse; paternity/maternity delusions; delusional procreation syndrome

EPV1030

A mexican werewolf in barcelona: clinical lycanthropy due to cerebellar lesion and hydrocephalus

N. Arbelo^{1*}, M. Gómez-Ramiro¹, A. Ferrés², C. Oliveras¹, L. Ilzarbe¹, C. Llach¹, R. Cárdenas³ and E. Parellada^{1,4,5,6}

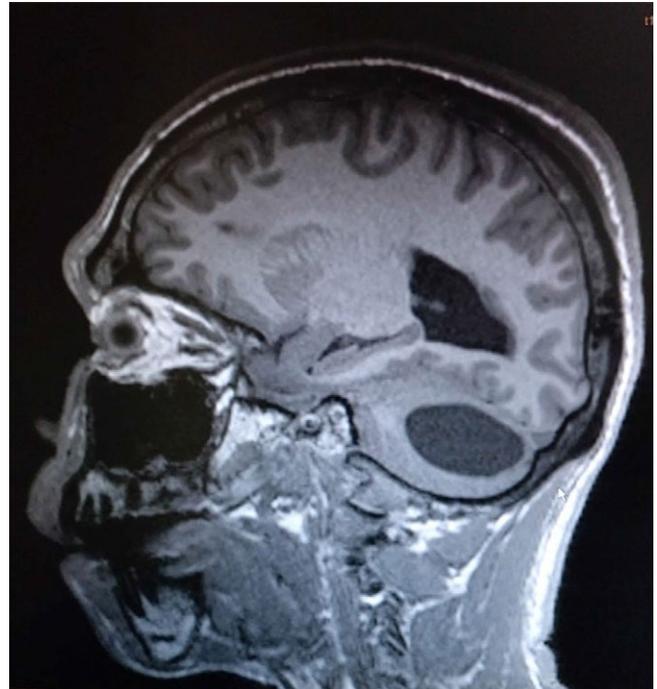
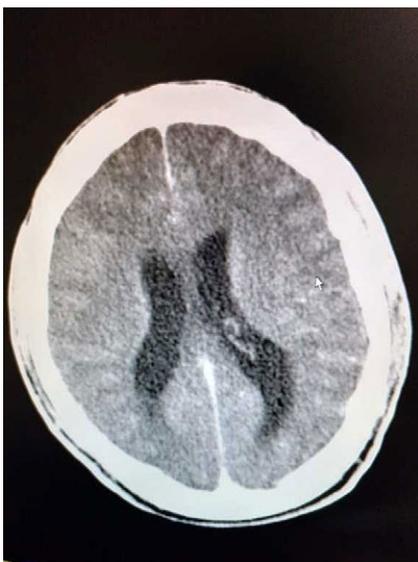
¹Institute of Neuroscience, Hospital Clínic de Barcelona, Barcelona Clínic Schizophrenia Unit. Department of Psychiatry And Psychology, Barcelona, Spain; ²Institute of Neuroscience, Hospital Clínic de Barcelona, Department of Neurosurgery, Barcelona, Spain; ³Hospital Humberto Elorza de Illapel, Department of Psychiatry, Illapel, Chile; ⁴University of Barcelona, Department of Medicine, Barcelona, Spain; ⁵Institut d'Investigacions Biomèdiques August Pi I Sunyer, Idibaps, Barcelona, Spain and ⁶Centro de Investigación Biomédica en Red en Salud Mental, Cibersam, Madrid, Spain

*Corresponding author.

Introduction: Clinical lycanthropy is an uncommon delusion of turning into a wolf. A systematic review in 2016 found only 13 case descriptions, only one not secondary to a psychiatric disorder.

Objectives: To identify and describe an unusual symptom based on a clinical case.

Methods: The present study is a case report of a patient admitted for clinical lycanthropy to our hospital. We also searched previously case reports, series and systematic reviews of clinical lycanthropy



using a pubmed query ("lycanthropy", "cerebellum", "hydrocephalus", "psychosis").

Results: Mr. CJ. is a 38-year-old Mexican male, with no prior psychiatric history or substance use. He was admitted for bizarre



Fig. 2 Funnel plot

behaviors and delusions. He had been living in the forest for the last weeks with the belief that he was a werewolf, and on full moon he behaved like a wolf (naked and howling). He also presented multimodal hallucinations, headache, ataxia and visual blur. The mental evaluation did not suggest a delirium. A CT scan revealed a left cerebellar lesion and hydrocephalus (Image 1,2,3). He experienced full remission of psychotic symptoms after external ventricular drain and antipsychotic treatment (risperidone, olanzapine). After surgical removal the histology revealed a cerebellar hemangioblastoma.

Conclusions: The clinical presentation suggested the diagnosis of a psychotic disorder due to cerebellar hemangioblastoma with consequent hydrocephalus. Cerebellum abnormalities and hydrocephalus have been associated to psychotic symptoms. Furthermore, other case reports showed rapid recovery of psychosis due to hydrocephalus after neurosurgical intervention. To our knowledge, this is the first report about clinical lycanthropy due to a tumor of the central nervous system.

Conflict of interest: No

Keywords: lycanthropy; cerebellum; hydrocephalus; psychosis

EPV1032

Analysis of mental disorder rates among cardiovascular patients after successful surgical treatment

N. Chernus^{1*}, R. Gorenkov¹, S. Sivkova², A. Sivkov³, A. Zolotovickaja², S. Sivkov⁴, T. Savina² and A. Krutofal²

¹I.M. Sechenov First Moscow State Medical University, The Higher Healthcare Organization Management, Moscow, Russian Federation; ²I.M. Sechenov First Moscow State Medical University, The Outpatient Care Department, Moscow, Russian Federation; ³I.M. Sechenov First Moscow State Medical University, The Department of Clinical Pharmacology And Internal Diseases Propaedeutics Of The Medical Faculty, Moscow, Russian Federation and ⁴I.M. Sechenov First Moscow State Medical University, Department of Clinical Pharmacology And Internal Diseases Propaedeutics, Moscow, Russian Federation

*Corresponding author.

Introduction: Mental disorders among cardiovascular patients during recovery period after successful surgical treatment may be considered as an independent predictor of unfavorable prognosis in relation to employment.

Objectives: study of psychoemotional state of patients among Cardiovascular Patients after Successful Surgical Treatment

Methods: The study was conducted between 2017 and 2019 and involved review of 412 out-patient medical history records of heart condition patients in the age ranging from 47 to 79 years old, average age 60,5±7,8 years, after successful previous surgical treatment in order to identify the patients with mental disorders of non-psychotic level

Results: The number of male patients with cardiovascular conditions included into the study cohort was higher than number of female patients, respectively 62% of men (255 patient) and 38% of women (157 patients). The results analysis revealed that neurotic and somatoform disorders were the most common among the patients studied and developed in 36,9% cases. Organic anxiety disorders, depressive disorders and emotionally labile mental disorders were diagnosed in 18,2% while 44,9% patients showed no symptoms of any mental disorders. The anxiety syndrome incidence was the highest both in the somatoform disorders subset, where it was diagnosed in 70% of

cases), and in organic mental disorder subset, where it was diagnosed in 82,7% cases.

Conclusions: The data obtained in course of the study confirm significant specific gravity of non-psychotic mental disorders among cardiovascular patients and indicate a need for psychometric examination and complex therapy using psychopharmaceutical drugs in this patient population.

Conflict of interest: No

Keywords: somatoform disorders; panic attacks; adaptation disorders

EPV1033

Peculiarities of pain syndrome in patients with cardiac syndrome X

N. Chernus^{1*}, R. Gorenkov², S. Sivkova¹, A. Sivkov³, S. Sivkov⁴, A. Zolotovickaja¹, T. Savina¹ and A. Krutofal¹

¹I.M. Sechenov First Moscow State Medical University, The Outpatient Care Department, Moscow, Russian Federation; ²I.M. Sechenov First Moscow State Medical University, The Higher Healthcare Organization Management, Moscow, Russian Federation; ³I.M. Sechenov First Moscow State Medical University, The Department of Clinical Pharmacology And Internal Diseases Propaedeutics Of The Medical Faculty, Moscow, Russian Federation and ⁴I.M. Sechenov First Moscow State Medical University, The Department of Clinical Pharmacology And Internal Diseases Propaedeutics, Moscow, Russian Federation

*Corresponding author.

Introduction: Cardiac syndrome X (CSX) is a rare form of ischemic heart disease, the pathogenesis of which is not yet comprehensively studied. There is a large pool of literature data indicating a close association between chronic pain and affective disorders, mainly depression and anxiety.

Objectives: study of the features psychoemotional state of patients with X-syndrome

Methods: The study population comprised of 23 patients, average age 54±10,5, including 17 female patients (73,91%) and 6 male patients (26,07%), with verified diagnosis of CSX. The pain syndrome was studied using the McGill Pain Questionnaire and the Visual Analogue Scale; CES-D Depression Scale, Spielberger and Alexithymia Scale.

Results: The pain intensity in CSX patients measured based on VAS score was 5,8±0,22 with average duration of 17,84 ± 2,11 minutes; in 60,86% of cases was provoked by psychoemotional state, in 21,73% - by physical activity, and in 78,26% by psycho-emotional and physical stress. According to the CES-D questionnaire, depression was detected in 86,96% of CSX patients, in 13,04% it was absent. The test of Spielberger 56,5% had a high level of reactive anxiety, in 65,21% high level of persona anxiety. High alexithymia level was identified in 86,9% of CSX patients (72,17±5,15 points) and positively correlated with situational anxiety level (r=0,623), depression symptoms (r=0,856); VAS pain intensity score (r=0,588) and McGill Pain Questionnaire (r=0,362).

Conclusions: The obtained results indicated that alexithymia was discovered in all CSX patients, and that high alexithymia level apparently affected the nature of pain disorder.

Conflict of interest: No

Keywords: Organic anxiety disorders; depressive disorders; emotionally labile mental disorders

EPV1034

Assessment of hostility / aggression in esophagitis patient

N. Chernus^{1*}, R. Gorenkov², S. Sivkov³, A. Sivkov¹, S. Sivkova¹, T. Savina¹, A. Zolotovickaja¹ and A. Krutofal¹

¹I.M. Sechenov First Moscow State Medical University, The Outpatient Care Department, Moscow, Russian Federation; ²I.M. Sechenov First Moscow State Medical University, The Higher Healthcare Organization Management, Moscow, Russian Federation and ³I.M. Sechenov First Moscow State Medical University, The Department of Clinical Pharmacology And Internal Diseases Propaedeutics, Moscow, Russian Federation

*Corresponding author.

Introduction: The concept of negative affectivity includes anxiety, depression and hostility – i.e. negative emotional disposition that may contribute to the negative I-concept development in patients under influence of stress. In this context, the hostility is considered as the complex motivational condition, and the aggression is defined as a specific behavior determined by such condition.

Objectives: The study of relevant negative emotional condition in somatic patients is of high scientific significance.

Methods: The study population comprised of 32 esophagitis patients (11 males and 21 females, average age 29.7±9; average duration of disease: 3,7±2,1. Psychometric studies included scale anxiety and anger Spielberger, Zung scale and TAS

Results: Analysis results showed that in esophagitis patients, the following psychological indices were significantly higher as compared to the healthy: reactive anxiety (46,28±8,21 vs. 37,34±9,23, p<0,01); personal anxiety: 50,42±6,12 vs. 41,23±6,73; p<0,01; alexithymia level: 70,75 vs. 59,05±9,16, p<0,01) and Zung depression score (43,53±5,26 vs. 36,29±5,95, p<0,01). The level of aggression : anger as event reaction: 12,32±2,08 vs 8,63±2,43, p<0,01; and hostility score: 0,98±0,69 vs. 0,47±0,38; p <0,001. Correlational analysis revealed that increased duration and severity of depression (r=0,743; p <0,01) was related with growing anger as event reaction (r=0,409; p <0,01) and hostility (r=0,435; p <0,01); elevated level of personal anxiety (r=0,639; p <0,01), alexithymia score (r=0,334; p <0,01). The discovered negative emotional conditions indicated prominent interpersonal conflict in this subset of patients

Conclusions: The data obtained indicate high level of aggression / hostility in this subset of patients and suggest the need for psychopharmaceutical and psychotherapeutic care.

Conflict of interest: No

Keywords: I-concept; Anxiety; Dépression; hostility

EPV1035

Gender- and age-related quality of life differences in rheumatoid arthritis patients

N. Chernus^{1*}, R. Gorenkov², S. Sivkov³, S. Sivkova¹, A. Sivkov⁴, T. Savina¹, A. Zolotovickaja¹ and A. Krutofal¹

¹I.M. Sechenov First Moscow State Medical University, The Outpatient Care Department, Moscow, Russian Federation; ²I.M. Sechenov First Moscow State Medical University, The Higher Healthcare

Organization Management, Moscow, Russian Federation; ³I.M. Sechenov First Moscow State Medical University, The Department of Clinical Pharmacology And Internal Diseases Propaedeutics, Moscow, Russian Federation and ⁴I.M. Sechenov First Moscow State Medical University, The Department of Clinical Pharmacology And Internal Diseases Propaedeutics Of The Medical Faculty, Moscow, Russian Federation

*Corresponding author.

Introduction: The study of the quality of life of patients with rheumatoid arthritis from the perspective of the study of gender characteristics in the perception of pain is relevant. The above can lead to better medical care for this category of patients

Objectives: The study of the quality of life of patients with rheumatoid arthritis from the perspective of the study of gender characteristics in the perception of pain is relevant.

Methods: The study population included 28 patients followed-up at early treatment centre for rheumatoid arthritis with the average age of 46,5±18,7 years old (7 males and 21 females). For the purpose of this study, the patients were offered to complete the Russian version of SF-36 questionnaire.

Results: Based on the quality of life assessment results among male and female rheumatoid arthritis patients, the significant differences were discovered in Role-Emotional Functioning scores (12,5 ± 1,75 vs 33.33± 2,34; p< 0,001); Role-Physical Functioning score (21,97± 4,27 vs. 33.83±5,61; p<0,01) and Bodily Pain score (18.07± 10,24 vs. 31,23± 6,9, p< 0,05). In order to analyze the quality of life depending on age, the patients were divided into three age groups: below 30 y/o group, 30 – 50 y/o group and above 50 y/o group. The conducted correlational analysis revealed reverse correlation between disease duration and Role-Physical Functioning score (r=-0,23; p <0,03), as well as General Health score (r=-0,40;p<0,05).

Conclusions: The quality of life and bodily pain scores were different for male and female patients. The successful adaptation to the underlying condition also depends on the disease duration.

Conflict of interest: No

Keywords: quality of life; rheumatoid arthritis

EPV1036

Sleep disorders in psychosomatic conditions

N. Chernus^{1*}, R. Gorenkov², S. Sivkov³, S. Sivkova¹, T. Savina¹, A. Sivkov⁴, A. Zolotovickaja¹ and A. Krutofal¹

¹I.M. Sechenov First Moscow State Medical University, The Outpatient Care Department, Moscow, Russian Federation; ²I.M. Sechenov First Moscow State Medical University, The Higher Healthcare Organization Management, Moscow, Russian Federation; ³I.M. Sechenov First Moscow State Medical University, The Department of Clinical Pharmacology And Internal Diseases Propaedeutics, Moscow, Russian Federation and ⁴I.M. Sechenov First Moscow State Medical University, The Department of Clinical Pharmacology And Internal Diseases Propaedeutics Of The Medical Faculty, Moscow, Russian Federation

*Corresponding author.

Introduction: There exists a well-known interdependence between sleep and psychophysiological condition of health.

Objectives: Research into sleep duration and sleep conditions are of high scientific importance.

Methods: The study population included 372 respondents who had complaints related to the quality of sleep (128 males and 244 females; $48,6 \pm 16,4$ years old/ The daily sleepiness was assessed using the Epworth Sleepiness Scale, while psychoemotional condition was evaluated using Hospital Anxiety and Depression Scale (HADS).

Results: HADS scale assessment results indicated that 33,06% of respondents showed the anxiety traits without symptoms of depression; depressed condition without anxiety component was diagnosed in 7,79%; while 25,80% showed combination of both anxiety and depression symptoms. Normal HADS scores were demonstrated by 33,24% later used as a control for comparison. The respondents with anxiety traits more often complained on difficulties, when falling asleep: 25,98% vs. 12,09% $p < 0,001$; early complete awakening: 14,63% vs. 6,45% $p < 0,01$; restless legs syndrome signs: 46,34% vs. 4,03% $p < 0,001$. The patients in depressed condition and the patients with combination of anxiety and depression were more often disturbed by complaints on regular feeling of tiredness after nighttime sleep: 51,72% vs. 1,61% $p < 0,001$. The use of sleep medication (13,79% vs. 2,41% $p < 0,001$) and increased sleepiness ($8,3 \pm 0,2$ vs. $0,0 \pm 0,0$ $p < 0,001$) were the most common among the depressive patients without anxiety component.

Conclusions: The obtained results confirm the correlation between sleep disturbance and non-psychotic affective disorders, while the quality of sleep may be used as the indicator of successful treatment of psychoemotional conditions.

Conflict of interest: No

Keywords: Anxiety; sleep disorders; Psychosomatic Conditions; depression symptoms

Psychopharmacology and pharmacoconomics

EPV1044

Determinants of medication adherence in patients with psychiatric disorders

A. Ben Hamadi^{1*}, J. Hamdoun¹, H. Ben Ammar¹, A. Aissa², E. Khelifa³ and E.H. Zouhaier²

¹Razi hospital, Psychiatry F, Manouba, Tunisia; ²Razi Hospital, F Department, Tunis, Tunisia and ³University of Tunis El Manar-Faculty of medicine of Tunis, Psychiatry - Razi Hospital, Tunis, Tunisia

*Corresponding author.

Introduction: One of the main challenges faced by the clinicians when dealing with any chronic illnesses is the adherence to the treatment. Concerning psychiatric disorders it is more problematic considering the severe negative effect of treatment non adherence on prognosis. Non-adherence to psychiatric medication is a large problem and it is important to identify its predictive factors.

Objectives: The aim of this study is to investigate whether there are potential risk factors for medication non adherence in patients with psychiatric disorders.

Methods: A retrospective, case-control study was conducted between October 2018 and March 2019 and interested patients

admitted in the "F" psychiatry men Department of RAZI Hospital and discharged during this period. Adherence to medication during the 4 weeks prior to the baseline visit and each follow-up evaluation was assessed by the physician using information obtained during the interview. Patients were categorized into two groups: adherent and non adherent. Relationships to different risk factors were analyzed. Statistical analyses were carried out using IBM SPSS version 22 for windows software.

Results: Among 100 admissions 47 % were non adherent to medication during the 4 weeks of the follow up evaluation. When comparing the two groups we found a significative association between adherence to medication and the number of schooling years, the clinical global impression scale, the mean duration of hospitalization, and use of physical restraint ($p < 0.05$).

Conclusions: Non-adherence is associated with poorer long-term outcomes, Clinical and economic implications. It is common but can partly be predicted. This may allow strategies to improve adherence.

Conflict of interest: No

Keywords: Adherence; psychiatric disorders

EPV1045

Association between the use of an antipsychotic drug and changes in lipid profile: a meta-analysis

B. Brierley^{1*}, M. Bak² and M. Drukker²

¹Maastricht University, Faculty of Health Medicine and Life Sciences, Maastricht, Netherlands and ²Maastricht University, Department of Psychiatry & Neuropsychology, Maastricht, Netherlands

*Corresponding author.

Introduction: Despite their efficacy, antipsychotic drugs appear to be associated with metabolic side effects such as impaired lipid metabolism and an increased risk for developing metabolic syndrome. Investigating the association between individual antipsychotics, exposure durations and mean changes in complete lipid profile has not yet been the focus of a meta-analysis.

Objectives: The aim is to conduct a meta-analysis of randomized controlled trials (RCTs) examining the association between changes in lipid profile in adults using an antipsychotic drug.

Methods: This meta-analysis follows the PRISMA guidelines and a protocol has been published in PROSPERO. A systematic search was performed using the databases PubMed, EMBASE, Cochrane, and PsycINFO. Eligible RCTs were identified and no restriction was made regarding diagnosis or publication date. Statistical analysis will be conducted using a random effects model. Results are separated in four exposure categories, namely < 6 weeks, 6-16 weeks, 16-38 weeks, and ≥ 38 weeks. Outcome measures include mean change in total cholesterol, high-density lipoprotein cholesterol, low-density lipoprotein cholesterol and triglyceride levels.

Results: The search strategy identified 1144 citations. Of these, 746 abstracts were excluded as being off-topic. A total of 399 full-text articles were assessed for eligibility and 202 articles met inclusion criteria. Data extraction and analysis are currently underway. Results will be presented at the EPA Congress 2020.

Conclusions: We expect the findings of this study to be of clinical relevance in the management and monitoring of antipsychotic

treatment. The knowledge of whether duration of exposure is associated with different lipid changes could provide interesting results benefiting individualised choices.

Conflict of interest: No

Keywords: lipid profile; cholesterol; Antipsychotic medication; adverse effects

EPV1048

Drug induced liver injury in the course of a treatment with clozapine: a case report.

Á. Cerame Del Campo^{1*}, R. De Hita Santillana¹, A.V. Franco Soler², P. Coucheiro Limeres¹, I. De La Mata Ruiz³, M.D.C. Aguilar Romero⁴ and M.L. Costa Ferrera Da Silva⁵

¹Instituto psiquiatrico Jose Germain, Psychiatric Trainee, leganes, Spain; ²Instituto psiquiatrico Jose Germain, Clinical Psychology Trainee, leganes, Spain; ³Instituto Psiquiatrico José Germain, Psiquiatría, Leganés, Spain; ⁴Hospital Severo Ochoa, Psychiatry, Leganés, Spain and ⁵Hospital Universitario Severo Ochoa, Psychiatrist, leganes, Spain

*Corresponding author.

Introduction: We present the case of a 62-year-old female patient diagnosed with Schizoaffective disorder in 1995 followed in our out-patient department who presented a rare hepatotoxic adverse reaction, Drug Induced Liver Injury (DILI), after switching from Haloperidol to Clozapine.

Objectives: Clozapine is a second-line 'atypical' antipsychotic reserved to cases of refractory psychosis due to its adverse effects. In relation to these, descriptions have traditionally focused on hematological alterations due to their severity and gastrointestinal alterations due to their frequency. However, hepatotoxic adverse effects have received less attention in the available literature.

Methods: A case report is presented alongside a review of the relevant literature regarding the hepatotoxicity of clozapine focusing on the diagnosis and treatment of the aforementioned adverse effect.

Results: Two months after the introduction of clozapine, an isolated elevation of ALT of 965 U / L was detected in a routine analysis, suggestive pattern of a moderate hepatocellular DILI. After the discontinuation of the aforementioned drug the analytical findings went back to normal ranges, other serological and analytical tests ruled out other causes of acute liver damage.

Conclusions: The study of the adverse effects of clozapine has traditionally overlooked hepatotoxicity. Several studies suggest that a slight sporadic elevation of transaminases at onset of treatment is frequent. According to the published cases, DILI seems like a more prevalent adverse effect than what was previously considered. Given the severity of this entity and its possible repercussions, it would be interesting to study clozapine-induced hepatic impairment in depth in order to improve patient safety.

Conflict of interest: No

Keywords: clozapine; hepatotoxicity; adverse effect; Drug induced liver injury

EPV1050

Management of antidepressants drugs during breastfeeding

C.M. Rodríguez Mercado¹ and S.L. Fernández Ortiz^{2*}

¹SESPA, Centro De Salud Mental La Calzada, Gijón, Spain and ²SESPA, Centro De Salud La Calzada, Gijón, Spain

*Corresponding author.

Introduction: Postpartum are vulnerable period when psychiatric illness may worsen or relapse. About 50% of women with a mood disorder reported mood symptoms during or after pregnancy. Treatment of maternal psychopathology during the postpartum period poses the clinical dilemma of having to choose the psychotropic drugs that are compatible with breastfeeding. The decision to initiate pharmacological treatment often involves weaning, depriving the mother and the baby of the beneficial effects of lactation.

Objectives: The aim is to establish a guideline that helps psychiatrists when planning a treatment that will support breastfeeding. Special attention is given to the use of antidepressants, the psychotropic drugs most frequently prescribed in postpartum mothers.

Methods: Through a case report we analyze the choice of a pharmacological treatment for depressions in nursing mothers.. Our main objective is to carry out an updated review of the antidepressant drugs for the treatment of depression in mothers who breastfeed.

Results: The majority of antidepressants are considered to be on safe during breastfeeding. The amount of antidepressant that passes into breast milk varies by drug. The recommendation of a drug versus another update you are determined by low or undetectable levels of antidepressant in breast milk along with the absence of reported cases of serious adverse effects in the infant.

Conclusions: The first choice antidepressants would be sertraline, paroxetine and tricyclics (nortriptyline and imipramine), as there is sufficient scientific evidence of that the amount of drug that reaches breast milk is very low or undetectable and not It has no effect on the baby.

Conflict of interest: No

Keywords: Side Effects; breastfeeding; Antidepressants; mental disorders

EPV1051

Mirtazapine interactions with monoamine oxidase: a systematic review

M. Guinovart^{1*}, A. Guinovart², N. Cardoner Álvarez¹, J. A. Monreal¹ and D. Palao Vidal¹

¹Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT. CIBERSAM, Department of Mental Health, Sabadell, Spain and ²Miguel Servet University Hospital, Department of Clinical Neurophysiology, Zaragoza, Spain

*Corresponding author.

Introduction: Monoamine oxidase (MAO) is an enzymatic complex comprised of two isoforms: MAO-A and MAO-B. In the brain, it catalyzes the breakdown of monoamine neurotransmitters including dopamine, serotonin, and epinephrine. The inhibition of MAO has shown antidepressant effects. Mirtazapine is

an antidepressant drug that antagonizes the adrenergic α_2 -autoreceptors and α_2 -heteroreceptors and blocks the serotonergic 5-HT₂ and 5-HT₃ receptors. Although it is widely accepted that mirtazapine has no interactions with MAO, evidence is not conclusive on the matter.

Objectives: To provide a review of experimental studies reporting any effect derived from the interaction between mirtazapine monotherapy and MAO.

Methods: Articles were identified independently by two reviewers through a systematic search of MEDLINE and Web of Science. Key words were 'mirtazapine AND ("monoamine oxidase" OR MAO)'. Additional articles were identified through non-systematic search of SCOPUS and manual search of reference lists. As the heterogeneity of articles did not permit a formal meta-analysis, a qualitative synthesis is presented.

Results: 6 published articles were identified from an initial search of 377 studies. Mirtazapine exhibited a non-competitive inhibitory effect on MAO-A and MAO-B; however, in opposition to most antidepressants, this inhibition was not complete. Although mirtazapine's mechanism of action is not apparently related to MAO, several studies found altered responses to mirtazapine in depressive patients who presented polymorphisms in MAO-A and MAO-B genes. Mirtazapine also affected MAO by reducing intracellular pH in neurons, but did not show anti-apoptotic properties.

Conclusions: Current evidence suggests an interaction between mirtazapine and MAO that might reinforce its antidepressant action.

Conflict of interest: No

Keywords: Monoamine oxidase; Mirtazapine; psychopharmacology; interactions

EPV1052

Neuroleptic malignant syndrome as a consequence of the use of low dose olanzapine: a matter to consider

K. Inca Torres^{1*}, B. Renau Mínguez², A. Juanes³, J.F. Cruz Fourcade⁴, S. Alvarez-Sesmero⁴ and C. Losada⁴

¹Hospital 12 de Octubre, Psychiatry, Madrid, Spain; ²Complejo Asistencial de Zamora, Psiquiatría, Zamora, Spain; ³Hospital Universitario 12 de Octubre, Psychiatry, Madrid, Spain and ⁴Hospital 12 de Octubre, Liaison Psychiatry, Madrid, Spain

*Corresponding author.

Introduction: Neuroleptic Malignant Syndrome (NMS) is an infrequent but high-mortality syndrome which presents idiosyncratically on any patient taking antipsychotics.

Objectives: We present a 54 year-old male with mixed personality disorder and chronic insomnia. He had been prescribed with 5 mg of Olanzapine on bedtime since two years ago. On the emergency room he complains of dysthermal sensation of recent onset, had a bad general status with a body temperature of 41°C, intense muscle rigidity, and cognitive impair. No intestinal dismotility was present.

Methods: Analytics were made and they result on electrolytes alterations, high Creatin Kinase (CK) and Lactate Dehydrogenase (LDH) levels, also with high C Reactive Protein (CRP). The possibility of NMS was assessed and also other causes of high temperature with high acute-phase proteins.

Results: He was admitted to the Intensive Care Unit (ICU) and he was treated with sedation and other support measures. Antipsychotics were suppressed. Infections were reasonably ruled-out. He gradually responded to these measures and the concomitant use of benzodiazepines and bromocriptine. After one month of admission, he was discharged and no drug was restarted given no present indication.

Conclusions: NMS is not a common condition. Even though it is more frequent during the first weeks of treatment or rapid changes of doses, it can happen anytime during antipsychotic treatment as the present case report. High levels of suspicion and withdrawal of antipsychotics are crucial. Reintroducing of medication should balance always risk and benefits.

Conflict of interest: No

Keywords: adverse reaction; antipsychotics; Neuroleptic malignant syndrome; olanzapine

EPV1053

Importance of prolonged release antipsychotic treatment. A case report.

E.J. López Sánchez* and A. Sánchez Gayango

Hospital Nuestra Señora de Valme, Psiquiatría, Sevilla, Spain

*Corresponding author.

Introduction: Antipsychotic drugs are essential to avoid relapses and increasing the patient's functional capacity (1-2) and an improvement in the psychosocial level (5). Lack of treatment adherence is the main cause of clinical relapse (3-4). Extended-release injectable drugs increase adherence to treatment, diminishing relapses and hospitalizations (6-8). In our clinic we treat a male. 60 years. Hypertension. Overweight. Alcoholic hepatopathy. Paranoid schizophrenia since 18 years of age, relapses from toxic drug abuse and treatment withdrawal. The patient presents himself to the ER accompanied by his family. He describes paranoid delusions towards his neighbours, self-referential. Affective and behavioural impact. Auditory hallucinations with soliloquies, which he minimizes. Increase in alcohol consumption and treatment abandonment after his brother's death. Already-known increase in transaminases. Elevated fasting glucose, altered lipid profile.

Objectives: Clinical stabilization and improvement of adherence to the treatment of a patient with paranoid schizophrenia using prolonged-release antipsychotic.

Methods: Hospital admission for restraint and treatment. Treatment for alcoholic abstinence (clometiazol, diazepam). Psycho-education to decrease drug consumption and avoid future treatment abandonment. Extended-release aripiprazole 400 mg was prescribed.

Results: Good response to the reintroduction of aripiprazole 15 mg. In our case, due to lack of treatment adherence and metabolic profile alterations, we opted for extended-release aripiprazole 400 mg. After discharge, patient remained stable, continuing his treatment and follow-up.

Conclusions: We can conclude that intramuscular extended-release aripiprazole 400 mg has been a good treatment option for the patient in our case, improving the Clinical and adherence treatment.

Conflict of interest: No

Keywords: schizophrenia; antipsychotic; treatment; aripiprazole

EPV1055

When risperidone has a psychotic effect

S. Rodrigues¹, D. Martins^{2*} and M. Marinho²

¹Centro Hospitalar e Universitário do Porto, Child And Adolescent Psychiatry, Porto, Portugal and ²Hospital de Magalhães Lemos, Hospital De Magalhães Lemos, Porto, Portugal

*Corresponding author.

Introduction: Schizophrenia is a chronic and severe mental disorder with complex clinical implications. Risperidone is a widely-used atypical antipsychotic used in its treatment. However, there are reports of rare paradoxical side-effects in susceptible individuals.

Objectives: To describe a case of a patient with schizophrenia who evidenced paradoxical effects when risperidone was administered.

Methods: Interviews with the patient and his family during hospitalization were performed. A literature review was also conducted in PubMed/MEDLINE database.

Results: A case of a 53-year-old single man, with no children, born and living in Oporto, Portugal, diagnosed with Paranoid Schizophrenia Psychosis 30 years ago. This patient was compulsively admitted to our inpatient psychiatry hospital in June 2019, following an episode of aggression towards his sister. He had discontinued all medication in the previous month. After admission, his previous medication with risperidone 3mg/day and monthly haloperidol 150mg injection was reestablished. However, as risperidone dosage was progressively increased up until 8mg/day, the patient's clinical status worsened, particularly his persecutory delusions and aggressive behavior. A new interview with his older brothers was scheduled, revealing that previous hospital admissions with risperidone prescription had worsened the patient's behavior, heightening psychotic activity and isolation. Therefore, a switch to haloperidol 15mg/day was then performed, which was followed by gradual clinical improvement. The patient was discharged to psychiatry outpatient clinic after a 2-month stay, maintaining compulsory ambulatory treatment.

Conclusions: Although risperidone is used as an antipsychotic, this article accounts for a rare case in which this medication worsened psychosis.

Conflict of interest: No

Keywords: psychosis; schizophrenia; paradoxical effect; risperidone

EPV1058

A cohort study of serotonin–norepinephrine re-uptake inhibitors and risk of hyponatremia

E. Nilsson^{1*}, E. Evald¹ and J. Carrero²

¹Örebro University, School of Medical Sciences, Örebro, Sweden and ²Karolinska Institutet, Medical Epidemiology And Biostatistics, Stockholm, Sweden

*Corresponding author.

Introduction: Hyponatremia is a potential side effect of antidepressants and the risk differs across antidepressant subclasses.

There is conflicting evidence whether noradrenergic antidepressants are associated with lower risk of hyponatremia than SSRIs.

Objectives: To compare hyponatremia risk following initiation of SNRIs versus SSRIs.

Methods: Registry based cohort study including laboratory data on sodium measurements and complete information on drugs dispensed at Swedish pharmacies. New users of an SSRI (citalopram, sertraline, escitalopram, fluoxetine, paroxetine, fluvoxamine) or SNRI (venlafaxine, duloxetine) in Stockholm county 2007-2010 were included. Persons with diabetes mellitus or age <18 years were excluded. Follow up was until death, 2 years, or antidepressant discontinuation. Those lacking a follow-up sodium measurement were excluded from analysis. Hyponatremia was defined as < 136 mmol/L on the first follow-up test.

Results: A total of 37020 persons started treatment with an SSRI (n = 33822) or SNRI (n = 3198). SNRI users were younger (50 vs 54 years, p<0.001), more often male (40% vs 35%, p<0.001) and had a lower incidence of hyponatremia compared to SSRI users (5.9% vs 7.6%, p<0.001). SNRI users had a lower risk of hyponatremia in unadjusted logistic regression analysis (OR 0.77, 95% CI 0.66-0.89, p<0.001) but differences were attenuated when adjusting for age and sex (OR 0.9, 95% CI 0.78-1.1, p = 0.21).

Conclusions: Although hyponatremia was more common in SSRI users, our results were compatible with no difference in hyponatremia risk between SSRIs and SNRIs after multivariable adjustment. We speculate that previously observed differences may be due to residual confounding.

Conflict of interest: No

Keywords: hyponatremia; pharmacoepidemiology; Antidepressants

EPV1059

Lithium and thyroid: are we paying enough attention?

M. Melo, V. Nogueira* and R. Fernandes

Centro Hospitalar Psiquiátrico de Lisboa, Psiquiatria, Lisboa, Portugal

*Corresponding author.

Introduction: Lithium is a well-known drug and frequently a key factor in the management of acute mania, unipolar and bipolar depression and prophylaxis of bipolar disorders. However, its effect on thyroid function cannot be overlooked, with numerous reports of thyroid abnormalities' onset during treatment with lithium.

Objectives: To assess the prevalence, risk factors and management of thyroid dysfunction in patients undergoing lithium therapy.

Methods: Non-systematic review of the literature from Pubmed database, using the key words: lithium treatment, lithium toxicity, thyroid dysfunction, goitre, hypothyroidism, hyperthyroidism, thyroid autoimmunity.

Results: Our assessment has identified female sex, middle age, autoimmune disease or the history of thyroid disease in the family as risk factors for the development of thyroid abnormalities while undergoing lithium therapy (the most common being goiter and hypothyroidism). It is recommended that thyroid function tests and assessment of thyroid size are performed among patients initiating lithium therapy, at baseline and later

annually (more frequently among patients presenting risk factors).

Conclusions: We find it important to stress that the development of thyroid dysfunction does not typically require discontinuation of lithium. Lithium should not be stopped unless its serum concentration is beyond the therapeutic range. Instead, supplementation with levothyroxine should be started (according to specific indications). Clinicians managing lithium-treated patients must keep thyroid disorders in mind, and screen them clinically and through thyroid function tests during follow-up in order to institute early and appropriate treatment.

Conflict of interest: No

Keywords: lithium treatment; lithium toxicity; thyroid dysfunction; thyroid autoimmunity

EPV1061

Review of psychotropic drugs approved for adhd in Spain

C. Romero Martín^{1*}, M.D.C. Hernandez Romero² and P. Padilla Romero³

¹Hospital General Nuestra Señora del Prado, Hospital Pharmacy, Talavera, Toledo, Spain; ²Servicio Andaluz de Salud, Primary Care Pharmacy, Sevilla, Spain and ³Hospital General Nuestra Señora del Prado, Psychiatry, Talavera, Toledo, Spain

*Corresponding author.

Introduction: Pharmacological treatment should be a constant therapeutic measure in the patient with ADHD, provided the diagnosis is well established, based on current clinical criteria and a clear impact.

Objectives: To study what psychopharmacological treatments available for the treatment of ADHD are approved in Spain.

Methods: Systematic review of psychotropic drugs approved for ADHD by the FDA, the EMA and the AEMS. Of all the sample obtained, it was compared which drugs approved by the FDA had approved in Spain the indication in the data sheet for use in ADHD.

Results: Psychostimulant psychotropic drugs: • Methylphenidate -Short action: Rubifen®, Medicebran® -Biphasic intermediate action: Medikinet® 50:50, Equasym® 30:70 -Prolonged action: Concerta® Oros® osmotic release, Sandoz Mph-OCR®, • Dextroamphetamine -Short action: Dexedrine® NOT available -Prolonged action: lisdexamfetamine (Elvanse®) Non-psychostimulant psychotropic drugs • Atomoxetine: Strattera® • Alpha-2-agonists: -Long acting clonidine: Kapvay® NOT available -Long acting guanfacine: Intuniv®

Conclusions: In Spain: - Within the group of psychostimulants the short-acting dextroamphetamine is not approved. -In the group of non-psychostimulants, long-acting clonidine is not approved. Both drugs do not have an official data sheet and there is no evidence that they are pending approval by the Spanish agency of the drug for use in the treatment of ADHD.

Conflict of interest: No

Keywords: PHARMACOLOGICAL TREATMENT; Psychostimulant psychotropic; ADHD; Non-psychostimulant psychotropic

EPV1062

Fighting nihilism: can we do more for our long term chronic patients?

D. Salcedo Jarabo^{1*}, A. García Escudero², P. Marquez Martín³ and M.D.R. Cejas Méndez⁴

¹HOSPITAL UNIVERSITARIO DE CANARIAS, Usm Icod De Los Vinos, SANTA CRUZ DE TENERIFE, Spain; ²HOSPITAL UNIVERSITARIO NUESTRA SEÑORA DE LA CANDELARIA, Usm Adeje, SANTA CRUZ DE TENERIFE, Spain; ³HOSPITAL GENERAL UNIVERSITARIO DE GUADALAJARA, Centro De Salud Mental El Ferial, GUADALAJARA, Spain and ⁴HOSPITAL UNIVERSITARIO DE CANARIAS, Psiquiatría, SANTA CRUZ DE TENERIFE, Spain

*Corresponding author.

Introduction: There are a significant number of long-term but "stable" patients diagnosed with psychosis in which we rarely consider the risk/benefit of testing strategies that could improve their quality of life.

Objectives: On-going, observational study, which prospectively evaluates clinical outcomes, and satisfaction in stable patients who were under treatment with conventional depot antipsychotics or Risperidone long-acting Therapy (RLAT) and were transition to Paliperidone palmitate 3-monthly (PP3M).

Methods: After an oral tolerability test, all patients were switched to PP3M and subsequently switched to PP3M. Patients were followed for 6 months after the start of the quarterly regimen. Patient satisfaction was evaluated using MSQ and clinical outcomes using CGI-SCH. Data were analyzed with SPSS 18.0.

Results: Data was collected from 48 patients who have been transition from zuclopenthixol or fluphenazine decanoate (29%) or RLAT (70%) to PP3M. Average age 52,9 (s.d 10.9) years. 73% male. After 6 months with PP3M, all patients, but 1, remain clinically stable with remarkable improvement in 49% of patients in negative symptoms. Most of patients report significant improvement with treatment satisfaction, being very or extremely satisfied 68% of them and 85% say they are more satisfied with PP3M than with the previous treatment. 1 patient suffered a relapse and in another one PP3M had to be discontinued due to a dermatological adverse event.

Conclusions: This data suggest that non-acute patients considered stable show clinically relevant improvement in negative symptoms and great improvements in treatment satisfaction when switched from previous RLAT or conventional depot APs to PP3M.

Conflict of interest: No

Keywords: paliperidone; satisfaction; DEPOT; schizophrenia

EPV1064

Methylphenidate, a companion in young age and a foe in old age?

M.H.L. Arts^{1*}, S. Petrykiv² and L. De Jonge³

¹GGZ Westelijk Noord-Brabant, Geriatric Psychiatry And Neuropsychiatry, Halsteren, Netherlands; ²GGZ WNB, Psychiatry, Halsteren, Netherlands and ³Leonardo Scientific Research Institute, Neuropsychiatry, Groningen, Netherlands

*Corresponding author.

Introduction: Methylphenidate (MPH) and similar amphetamine derivatives (dextroamphetamine) are central stimulants, mainly prescribed for the treatment of attention deficit/hyperactivity disorder (ADHD). Despite its proven efficacy in children and adolescents, there is growing concern about long-term exposure to these stimulants.

Objectives: We critically want to review literature on the long-term consequences of MPH treatment.

Methods: Animal and human studies are reviewed, focusing on the long-term consequences of MPH treatment on brain morphology, brain chemistry, and physiological changes.

Results: Several studies report that in children and adolescents, the risk of cardiovascular complications is estimated to be low. However, long term follow-up studies are not existing. Several (animal) studies indicate that MPH can promote neurodegeneration, neuroinflammation, and oxidative stress. Older adults are at risk to develop cardiovascular diseases, especially in case of chronic hypertension. The older population is also increasingly diagnosed with ADHD and indicated for long-term MPH treatment. Therefore, the risk for complications can also be increased due to polypharmacy and interactions between drugs.

Conclusions: Our advice is to be very critical prescribing central stimulants at a young age. In human reports, chronic treatment with MPH is generally believed to be safe. The long-term consequences of MPH treatment are yet unknown. Future human studies are needed to assess whether in older adults, these brain changes are reversible. Until then, be cautious in using MPH and monitor patients closely to avoid a possible start of a new pandemic of cardiovascular and neurodegenerative diseases, including (vascular) dementia, in next decades.

Conflict of interest: No

Keywords: neurodegeneration; Methylphenidate; Inflammation; dementia

EPV1068

Aripiprazole and hypogalactorrhea in postpartum

M.F. Mantilla Reyes*, I. Ximenez De Embun Ferrer, A. Roca Lecumberri, C. Naranjo Díaz, E. Sole Roige, A. Torres Gimenez, S. Andrés Perpiñá and L. García – Esteve

Hospital Clínic de Barcelona, Institut Clínic De Neurociències (icn).
Unidad De Salud Mental Perinatal, Barcelona, Spain

*Corresponding author.

Introduction: Aripiprazole is a second generation antipsychotic, frequently use in women with psychotic or affective disorders that can appear or relapse during postpartum period. However, very little is known about the effect of aripiprazole in breastfeeding.

Objectives: - Perform a literature search on case reports published about the use of aripiprazole and lactation. - Report a case of hypoprolactinemia and consequently hypogalactorrhea after aripiprazole initiation in postpartum woman.

Methods: A systematic search of the literature (case reports) published, was carried out in the database MEDLINE (PubMed) between 2000 and 2018. We describe a case of unexpected hypogalactorrhea in a postpartum woman due to aripiprazole.

Results: Four case reports have been published regarding maternal use of aripiprazole during breastfeeding; two of them described failure of lactation associated to aripiprazole treatment. We

describe a case of a 41 years old postpartum woman, who after urgent caesarean section for preeclampsia and admission to ICU, presents anxiety, depressive symptoms, hypocondriiform thoughts and checking compulsions, which interfered with bonding. She was treated with sertraline 200mg/d maintaining breastfeeding. Two months later Aripiprazole 5mg/d was added, with adequate tolerance. However, 2-3 days later the patient reported decreased milk production. Prolactin levels decreased from a previous 30,18 ng/ml to 5,02 ng/ml. Milk production normalized in less than a week after stopping aripiprazole.

Conclusions: Both published cases and the present case suggest aripiprazole may possible cause hypoprolactinemia and therefore a milk production decrease in lactating women. This factor should be considered when starting aripiprazole in nursing mothers.

Conflict of interest: No

Keywords: breastfeeding; lactation; aripiprazole

EPV1070

Raynaud secondary to aripiprazole. An unexpected adverse reaction.

G.M. Ruiz Martínez^{1*}, L. Soldado Rodriguez² and C. Coca Cruz²

¹Neurotraumatological Hospital, Mental Health Hospitalization Unit, Jaen, Spain and ²Neurotraumatological Hospital, Mir, Mental Health Unit, Jaen, Spain

*Corresponding author.

Introduction: Raynaud's phenomenon is a recurrent vasospastic alteration that reduces peripheral blood flow due to cold or emotional stress. During attacks, colour changes occur in distal limb areas. Serotonin reuptake inhibitors, psychostimulants and atypical antipsychotics, such as aripiprazole and risperidone, may be related to this phenomenon. It usually starts about two weeks after the start of treatment and remits after its suspension.

Objectives: Alert about an uncommon side effect and its treatment through the description and analysis of a clinical case.

Methods: Patient woman of 60 years, history of schizoaffective disorder. She was hospitalized in the acute unit for psychotic decompensation. She presented important psychomotor agitation, dysphoria and divagatory speech with delusional content of prejudice. No hallucinations. During hospitalization, it started treatment with aripiprazole 15 mg with good response and rapid remission of symptoms. After two weeks, it maintained psychopathological stabilization in a revision consultation. However, she presented erythroderma and cyanosis in fingers of both hands in relation to cold and crushing.

Results: Analytical without significant findings. Vascular surgery and rheumatology discarded pathology. Aripiprazole is replaced by oral paliperidone. She had good treatment tolerance and maintains clinical stability after several months since the change of antipsychotic. She haven't submitted a new Raynaud.

Conclusions: The rapid remission of the Raynaud phenomenon after the suspension of treatment with aripiprazole and the absence of pathological findings of complementary tests performed, orient towards a probable side effect of the antipsychotic treatment.

Conflict of interest: No

Keywords: psychosis; aripiprazole; raynaud; adverse reaction

EPV1073

A prevalence study of clozapine-induced sialorrhea (CIS): preliminary findings.

J.J. Fuentes*, M. Roldán, D. Sanagustín and A. Valiente

INAD (Instituto de Neuropsiquiatría y Adicciones), Psychiatry, Barcelona, Spain

*Corresponding author.

Introduction: Clozapine is a second-generation antipsychotic that has been shown to have superior treatment efficacy compared to other antipsychotics for patients with treatment-resistant schizophrenia. Sialorrhea, a frequent and potentially disabling adverse effect of clozapine, can lead to nonadherence and discontinuation of the medication. The prevalence of clozapine induced sialorrhea (CIS) reported by different studies ranges from 30% to 80% and there seems to be a dose-dependent relationship between sialorrhea and clozapine dosage.

Objectives: The main objective is to measure the prevalence of sialorrhea and its relationship with clozapine dosage in 73 of a total of 123 patients that will be included in the final study. Secondary objectives are to explore the possible association between clozapine dose and severity of sialorrhea, as well as the prediction of severity of sialorrhea based on Clinical and socio-demographic variables collected.

Methods: Sialorrhea will be evaluated by administering the following clinical scales: Nocturnal Hypersalivation Rating Scale and Salivation Frequency and Severity Scale. In addition, Impact of Quality of Life Scale will be used to measure the subjective perception of quality of life in relation to sialorrhea.

Results: We expect a prevalence of sialorrhea ranging from 30% to 80%, with a positive association with clozapine dosage and also with an association between the severity of sialorrhea and the impact of Quality of Life.

Conclusions: CIS is a prevalent adverse effect suffered by patients treated with clozapine and this possibly impacts in a negative way on quality of life. The development of further strategies to ameliorate CIS are required.

Conflict of interest: No

Keywords: sialorrhea; clozapine

EPV1074

Evaluation of use long acting antipsychotic in an assertive community treatment.

L. Garcia Gonzalez^{1*}, C. Rodríguez Mercado², A. Willems Aguado³, A. González Fernández⁴, M. Díaz⁵ and L. Perez Gomez⁶

¹Sespa, Centro De Salud Mental Eria, Oviedo, Spain; ²Sespa, Centro De Salud Mental La Calzada, Gijón, Spain; ³sespa, Centro De Salud Mental Cangas Del Narcea, Cangas del Narcea, Spain; ⁴sespa, Centro De Salud Mental Corredoria, oviedo, Spain; ⁵sespa, Hospital Valle Del Nalon, Langreo, Spain and ⁶Hospital San Agustín, Mental Health, Avilés, Spain

*Corresponding author.

Introduction: The Assertive Community Treatment (ACT) is a way of structuring care for people with severe mental illness. ACT focuses its field of action in the patient's closest social environment. The ACT developers are Leonard Stain and Mary Ann.

Objectives: The main objective of this study is to describe the long-term treatment profile in an ACT team corresponding to the Oviedo care area in Asturias.

Methods: This is a retrospective cross-sectional study based on a sample of 69 patients with main diagnosis of schizophrenia who have been followed up in the ACT program. The data obtained has been analyzed through the SPSS statistical program.

Results: Our example was compounded mostly by men with a mean age of 48 years whose main diagnosis was schizophrenia. The most used long acting antipsychotic (LAIs), was paliperidone palmitate with an average dose of 150mg. The use of an additional oral treatment was associated in 58% of the patients treated with LAIs

Conclusions: The results obtained in our study point out that most of the patients require polytherapy. The ACT decreases the number of hospital admissions. The fact that most of the patients in our sample require high doses and pharmacological polytherapy is related to the criteria of severity and drug resistance, both of them criteria of inclusion in the ACT program.

Conflict of interest: No

Keywords: schizophrenia; treatment; ACT; LAIs

EPV1075

Descriptive study of clozapine in a team of severe mental disorders

L. Garcia Gonzalez^{1*}, C.M. Rodríguez Mercado², A. González Fernández³, A. Willems Aguado⁴ and L. Perez Gomez⁵

¹Sespa, Centro De Salud Mental Eria, Oviedo, Spain; ²SESPA, Centro De Salud Mental La Calzada, Gijón, Spain; ³sespa, Centro De Salud Mental Corredoria, oviedo, Spain; ⁴sespa, Centro De Salud Mental Cangas Del Narcea, Cangas del Narcea, Spain and ⁵Hospital San Agustín, Mental Health, Avilés, Spain

*Corresponding author.

Introduction: Clozapine is an optimal choice for the treatment of resistant schizophrenia and severe psychotic disorders.

Objectives: The goal is to obtain a description of the treatment profile of patients under follow-up in an Assertive Community Treatment (ACT) in the year 2019.

Methods: Data collection is done through a protocol developed for this purpose. The data obtained has been analyzed through the SPSS statistical software.

Results: The male group is slightly higher (52.9%). The average age for both men and women is 45,1 ± 12,8. In 64,7% of cases they were diagnosed with schizophrenia. The dose mode of clozapine is 30 mg and the average dose is 355mg. The clozapine levels observed had an average value of 440 and those of norclozapine of 232,6. The association of clozapine with Long Acting Antipsychotic is a common practice in our patients.

Conclusions: Clozapine was developed as the first atypical antipsychotic with activity for both the negative and positive symptoms of schizophrenia. After its temporary withdrawal it was reintroduced in Spain in 1993 in response to the need for a treatment for resistant schizophrenia. In the light of our results, it's appreciated that despite the complex profile of patients we treat, the dose of clozapine is within the range of values included in other studies.

Conflict of interest: No

Keywords: ACT; severe mental disorder; clozapine; schizophrenia

EPV1077

Patterns of use and dosage of psychiatric medications in major psychiatric illnesses in taiwan

Y.-J. Pan^{1*} and L.-L. Yeh²

¹Far Eastern Memorial Hospital, Department of Psychiatry, New Taipei City, Taiwan and ²Graduate School of Humanities and Social Sciences, Dharma Drum Institute of Liberal Arts, New Taipei City, Taiwan

*Corresponding author.

Introduction: Psychiatric medications including antipsychotics, antidepressants, mood stabilizers, and sedative/hypnotic agents are widely prescribed across different psychiatric illnesses.

Objectives: Given the concerns regarding off-label use and side effects, the patterns of use and dosage of psychiatric medications were explored by major psychiatric illnesses in a national cohort.

Methods: Patients aged ≥ 15 years and diagnosed with schizophrenia, bipolar disorder (BD), or depressive disorders in 2010 were identified from Taiwan's national health insurance database, provided by the Health and Welfare Data Science Center of Ministry of Health and Welfare in Taiwan and followed up for consecutive five years. The mean defined daily dose (DDD) of antipsychotics, antidepressants, mood stabilizers, and sedative/hypnotic agents, were calculated during the follow-up period, respectively, and compared across different psychiatric illnesses.

Results: In total, 593,321 patients (schizophrenia (n=104,078), BD (n=57,962), depressive disorder (n=431,281)) were enrolled. For schizophrenia, the mean exposure of DDD of antipsychotic agents was 1.14 during the study period (atypical antipsychotic: 0.87; typical antipsychotic: 0.27) but that of sedative/hypnotic agents was 1.25. For BD, the mean DDD was 0.31 for mood stabilizers, 0.39 for antipsychotic, and 1.65 for sedative/hypnotic agents, respectively. For depressive disorders, the mean DDD of antidepressants was only 0.37 whereas that of sedative/hypnotic agents was 0.96.

Conclusions: Compared to antipsychotics, antidepressants, and mood stabilizers, the mean exposure of sedative/hypnotic agents was exceptionally high. Considering the side effects of long-term use of sedative/hypnotic agents, future efforts to further enhance healthcare quality regarding non-pharmacological intervention, choice of medication, and optimized medication dosage are warranted.

Conflict of interest: No

Keywords: defined daily dose (DDD); antipsychotic; sedative/hypnotic agent; antidepressant

EPV1078

Long-acting injectable paliperidone palmitate plus clozapine in resistant schizophrenia patients. Series of cases study in guadalajara area.

I.T. Rodríguez López^{1*}, R. Largo Gomez¹, C. López Vicente¹, V. Taillefer Aguanell² and A. Pedroviejo²

¹Hospital Universitario de Guadalajara, Unidad De Salud Mental, Guadalajara, Spain and ²Hospital Universitario Guadalajara, Psiquiatría, Guadalajara, Spain

*Corresponding author.

Introduction: Resistant schizophrenia is a major clinical problem for, at least, one third of the total patients of schizophrenia. The criteria to consider a patient resistant is clear: experience persistent psychotic symptoms despite adequate trials of antipsychotic treatment revision. Clozapine is the election drug for these patients. However, a small number of patients still being a non-responder of clozapine. The treatment of these patients is still controversial and we analysed the combination of two drugs: long-acting paliperidone palmitate plus clozapine.

Objectives: Clozapine plus paliperidone is used as an effective treatment in resistant schizophrenia.

Methods: A descriptive analysis was performed, in addition we recorded tolerability and secondary effects.

Results: At least 15 patients are under combined treatment of these two drugs with good tolerability.

Conclusions: Clozapine plus paliperidone is being used as treatment in resistant schizophrenia. These two drugs could be an option in case of patients with symptoms, even if monotherapy with clozapine was performed.

Conflict of interest: No

Keywords: psychopharmacology; paliperidone; treatment-resistant patients; clozapine

EPV1080

Long-term side effects of anti-depressants (a review of the literature)

G. Slimani^{1*}, M.E. Gourani² and H. Kisra³

¹Arrazi Psychiatric University Hospital/Faculty of Medicine and Pharmacy. Mohammed V University of Rabat, Psychiatric Emergency Department, Sale, Morocco; ²Psychiatry Department, Psychiatric Emergency Department, Ouarzazate, Morocco and ³Arrazi Psychiatric University Hospital/Faculty of Medicine and Pharmacy. Mohammed V University of Rabat, Child Psychiatric Department, Sale, Morocco
*Corresponding author.

Introduction: Most patients with depressive disorders requiring long-term antidepressant treatment, and many need lifelong treatment. The identification and management of side effects, combined with early and ongoing education messages, help to improve adherence and reduce the risk of premature withdrawal from an antidepressant.

Objectives: A review of the literature of long-term side effects of antidepressive agents.

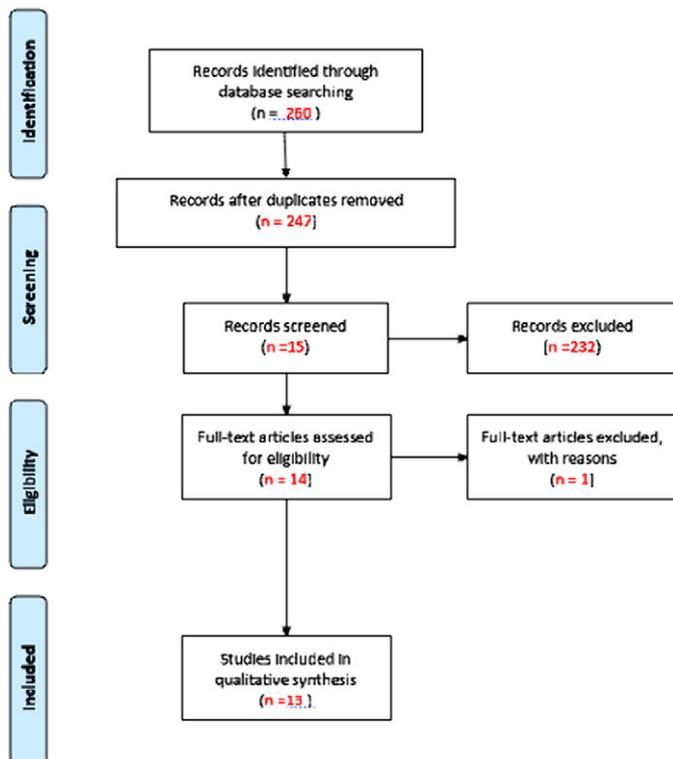
Methods: A search of English language articles published before 30th September 2019 was conducted on PubMed, Cochrane, and the Web of Science databases Mesh used: « Antidepressive Agents » « adverse effects », Tricyclic, « Second-Generation Antidepressive Agents » & « long term » Exclusion criteria: • Articles published in a language other than English or French • Non-synthetic studies (experimental studies, observational and analytical studies, clinical cases ...)

Results: A-Extraction of data (figure 1)

B-Long-term effects of anti-depressants 1. Risk of fracture 2. Risk of induced interstitial lung disease 3. Risk of Type 2 Diabetes and Glycemic Dysregulation 4. Risk of weight gain 5. Risk of extrapyramidal symptoms 6. Risk of dryness of the mouth 7. risk of cataract development 8. Risk for Gestational Hypertension and Preeclampsia 9. Other: Common long-term side effects of antidepressants are



Flow Diagram



weight gain, sexual dysfunction, sleep disturbances, fatigue, apathy, and cognitive impairment (eg dysfunction of working memory).

Conclusions: The practitioner must take these risks into account and avoid the combination of antidepressants. It should be emphasized that these effects are not immediate, and always contact the prescribing physician if signs of call.

Conflict of interest: No

Keywords: Antidepressive Agents; Long Term Adverse Effects; Tricyclic; Second-Generation Antidepressive Agents

EPV1081

Review of the treatment of affective symptoms in huntington disease

A.I. Willems Aguado^{1*}, L. Garcia Gonzalez², C.M. Rodríguez Mercado³, A. González Fernández² and L. Perez Gomez⁴

¹CSM Cangas del Narcea, Mental Health, Cangas del Narcea, Spain;

²Sespa, Centro De Salud Mental Eria, Oviedo, Spain; ³SESPA, Centro De Salud Mental La Calzada, Gijón, Spain and ⁴Hospital San Agustin, Mental Health, Avilés, Spain

*Corresponding author.

Introduction: Affective manifestations are usually the first manifestation in Huntington Disease (HD) although it can appear at any time. Approximately 40% of cases show some type of affective disorder: 30% develop major depression and 10% develop a bipolar

affective disorder. These patients have a dysfunction of the limbic and frontocaudate circuits. In PET studies, hypometabolism is observed in the lower orbitofrontal and prefrontal area.

Objectives: The objective is to conduct a bibliographic review of the diagnosis and treatment of the affective symptoms in HD through a clinical case.

Methods: 56-year-old woman recently diagnosed with HD by Neurology. The main symptoms were dystonia, athetosis, dysarthria and bradykinesia, as well as insomnia, anxiety, depressed mood, high dependence, and attention deficit without dementia. Treatment begins with tetrabenazine 25 mg / 24 hours, with control of motor symptoms, but not psychiatric ones.

Results: Treatment with Duloxetine 120 mg / 24 hours is started to control the affective symptoms, with improvement of the mood. To control irritability and anxiety symptoms is used pregabalin 150 mg / 24 hours. As a hypnotic, Lormetazepam 2mg / 24 hours is used. By reducing the symptoms reverses the dependence of others.

Conclusions: The proposed case presents the affective spectrum of HD. Symptomatic treatment with favorable response and use of recommended strategies (atypical neuroleptic, antidepressant of any type and antiepileptic) helps to promote the patient's autonomy and self-esteem, as well as the acceptance and adaptation to this disease.

Conflict of interest: No

Keywords: treatment; affective symptoms; Huntington Disease; major depression

EPV1083

Phenothiazine-induced systemic lupus erythematosus: a case report

H. Affes¹, I. Chaari^{2*}, I. Feki², S. Hammami¹, J. Masmoudi², K. Zeghal¹ and K. Ksouda¹

¹Faculty of Medicine, University of Sfax, Pharmacology Department, Sfax, Tunisia and ²Hedi Chaker University Hospital, Psychiatry A Department, Sfax, Tunisia

*Corresponding author.

Introduction: Phenothiazine-induced lupus has been reported infrequently, and is rarely associated with significant symptoms.

Objectives: We report a rare case of phenothiazine-induced lupus in a patient with schizophrenia.

Methods: A case report

Results: We report the case of a 37 year-old woman with no medical or surgical history, diagnosed with resistant schizophrenia at the age of 22 with regular follow-up in psychiatric outpatient services. She received Clozapine 400mg/day and chlorpromazine 300mg/day. She presented an erythematous and hyper pigmented rash over the cheeks and upper lips along with eczematous lesions on the hands and feet in October 2018. Chlorpromazine was stopped immediately. One month later, clear improvement of lesions was noticed with slight persistence of hyperpigmentation. In November 2018, she experienced sleep problems which needed the prescription of levomepromazine and hydroxyzine. The introduction of these drugs resulted in the reappearance of the eruption with generalization to the neckline and limbs. A cutaneous biopsy along with direct immunofluorescence were performed that showed C3 deposits in the dermoepidermal junction compatible with Lupus.

Blood tests showed positive antinuclear antibodies (ANA) at 1/1280, positive anti-double stranded DNA (dsDNA) and positive anti-nucleosome antibodies. Levomepromazine and hydroxyzine were stopped with again clear improvement of lesions was noticed with slight persistence of hyperpigmentation. Patch-test was performed with both suspect drugs 6 weeks after discontinuation which revealed negative. Pharmacovigilance investigation retained the diagnosis of phenothiazine induced lupus.

Conclusions: Phenothiazine drugs are still used in daily practice due to its historical background. Thus, rare adverse reactions, like in our case, could be challenging for clinicians.

Conflict of interest: No

Keywords: lupus; Phenothiazine; drug induced injury

EPV1084

Neuropsychiatric drugs-induced liver injury: a retrospective study

I. Chaari^{1*}, H. Affes², S. Omri¹, N. Smaoui¹, S. Hammami², K. Zeghal², J. Ben Thabet¹ and K. Ksouda²

¹Hedi Chaker University Hospital, Psychiatry C Department, Sfax, Tunisia and ²Faculty of Medicine, University of Sfax, Pharmacology Department, Sfax, Tunisia

*Corresponding author.

Introduction: Drug-induced liver injury (DILI) is one of the leading causes of acute liver failure and has significant morbidity and mortality. In some studies, the drugs used in psychiatry and neurology are the second most important group of drugs implicated in hepatotoxicity.

Objectives: Our study aimed at studying neuropsychiatric drugs with established causal relationship in cases of hepatic adverse drug reaction in a Tunisian population.

Methods: It was a retrospective study conducted in the pharmacology Department of the Faculty of medicine of Sfax, Tunisia during the period going from January 2007 to December 2015. We collected the cases of DILI using the French drug reaction causality assessment method.

Results: Our study found 23 cases of confirmed DILI out of 130 of total reported cases of drug adverse reactions (17.7%). The mean age was 33.52 years (SD=16.64, Range=11-81) and 56.5% of patients were female. We found different types of DILI: hepatocellular type which was the most frequent type (n=12), cholestatic type (n=6), mixed type (n=3), cirrhosis (n=1) and acute liver failure (n=1). In our study, causal agents were essentially anticonvulsants and mood stabilizers (n=16), antidepressants in 3 cases and antipsychotics in 4 cases. The implicated agents were valproic acid (n=10), valpromide (n=4), chlorpromazine (n=3), fluoxetine (n=1), clozapine (n=1), paroxetine (n=1), phenobarbital (n=1) and lamotrigine (n=1).

Conclusions: Psychiatrists and neurologists should be aware that each clinician of all specialties may be confronted with abnormal liver tests. Liver function monitoring is necessary before and after treatment.

Conflict of interest: No

Keywords: Neuropsychiatric drugs; psychopharmacology; Drug-induced liver injury

EPV1086

Risperidone vs quetiapine in the treatment of behavioral and psychological symptoms of dementia

A. Hrnjica^{1*}, S. Bise¹ and I. Lokmic-Pekic²

¹Psychiatric Hospital Sarajevo, Women, Sarajevo, Bosnia and Herzegovina and ²Psychiatric Hospital Sarajevo, Intensive Care, Sarajevo, Bosnia and Herzegovina

*Corresponding author.

Introduction: The US Food and Drug Administration has not yet approved any medication for treating behavioral and psychological symptoms of dementia (BPSD). In the European Union and Australia risperidone is indicated for the short-term management of severe aggression in individuals with Alzheimer's dementia who have failed nonpharmacological trials [1]. The off-label use of many other antipsychotics, including quetiapine appears to have been growing.

Objectives: To compare the efficacy and tolerability of the atypical antipsychotics risperidone and quetiapine in the treatment of BPSD.

Methods: The study included 15 inpatients presenting at least one BPSD. Five were commenced risperidone (range 0.5-1 mg/day), 10 quetiapine (range 12.5- 75 mg/day). Cognitive impairment was evaluated with Mini Mental Status Examination (MMSE) score, severity and number of BPSD were assessed using the Neuropsychiatric Inventory (NPI-12). The evaluation was made at the baseline (no therapy) and 4th week (with pharmacotherapy). Adverse effects were monitored based on each patient's self-report and observation on the ward.

Results: In the course of the study we have noticed a reduction on week 4 NPI, measured after four weeks of treatment with either risperidone or quetiapine. There was no significant difference between the two treatments on NPI; in the risperidone group decrease on NPI was 76%, in the quetiapine group 80%. No adverse effects were observed.

Conclusions: Both risperidone and quetiapine showed to be almost equally effective in the treatment of BPSD. Being commenced in low doses could make those psychopharmacs to be quite safe and well tolerated.

Conflict of interest: No

Keywords: behavioral and psychological symptoms of dementia; Quetiapine; risperidone; aggression

EPV1087

Lorazepam-induced urinary urgency

K. Kaufman*, V. Chaguturu, A. Trenton, R. Aziz, R. Babalola and M. Coluccio
Rutgers Robert Wood Johnson Medical School, Psychiatry, New Brunswick, United States of America

*Corresponding author.

Introduction: Therapeutic pharmacotherapy is premised on effective medications, appropriate dosing and adherence. Medication non-adherence is often caused by adverse effects (AE) which physicians may not query and patients frequently do not disclose. This case describes lorazepam non-adherence secondary to lorazepam-induced urinary urgency.

Objectives: Reporting novel AE leading to non-adherence to improve clinical care,

Methods: Case analysis.

Results: 43yo male patient with Bipolar NOS, Generalized Anxiety Disorder, Social Anxiety, and ADHD was effectively treated with lamotrigine 400mg qd, aripiprazole 10mg qhs, Adderall XR 15mg qam and lorazepam 0.5mg 1-2 pills bid PRN. Prior psychotropics included lithium and buspirone, which were both discontinued secondary to AEs (sexual dysfunction). Medical problems included hyperglycemia/hyperlipidemia/overweight. Standard blood chemistries were all within normal limits excluding fasting blood sugar 100mg/dL and cholesterol 219mg/dL. This patient denied any historical urinary problems (hesitancy/urgency/incontinence/nocturia). When seen in follow-up with increased anxiety associated with newly diagnosed colorectal cancer, the patient's use of anxiolytics were further reviewed. The patient had been responsive to lorazepam for 8 months but admitted having discontinued this secondary to new-onset urinary urgency. The patient described pre-lorazepam urinary frequency as every 4 hours. On lorazepam, he needed to urinate hourly. When off lorazepam his urination pattern returned to baseline. Anxiety and mood levels, without use of lorazepam, did not alter frequency. The patient served as an on/off/on/off example of probable lorazepam-induced AE.

Conclusions: This case reports lorazepam-induced urinary urgency resulting in treatment non-adherence with delayed reporting to the clinician. Potential benzodiazepine-induced urinary urgency should be a clinical consideration.

Conflict of interest: No

Keywords: Adverse Drug Reaction; Lorazepam; Urinary Urgency; Treatment Non-Adherence

Psychophysiology

EPV1091

The impact of trait anxiety and autism traits on olfactory abilities of the general population

F. Barros¹, C. Figueiredo², A. Costa³, S. Morais⁴, N. Madeira^{4*} and S. Soares¹

¹William James Center for Research, University of Aveiro, Department of Education And Psychology, Aveiro, Portugal; ²University of Aveiro, Research Unit On Governance, Competitiveness And Public Policies, Aveiro, Portugal; ³Universidade Católica Portuguesa, Institute of Health Sciences, Lisboa, Portugal and ⁴Centro Hospitalar e Universitário de Coimbra, Department of Psychiatry, Coimbra, Portugal

*Corresponding author.

Introduction: Autism Spectrum Disorders (ASD) are characterized by atypical sensory processing, including in olfactory domain. However, since ASD is a complex condition characterized by marked heterogeneity in severity and symptoms, variables with significant manifestation in this condition, such as trait anxiety, may have been adding confounds to results. Importantly, perceptual abnormalities found in ASD seem to extend for the general population, varying with the expression of autism traits.

Objectives: To explore the role of trait anxiety and autism traits on olfactory performance in the general population.

Methods: Participants were 97 adults who did not present health conditions significantly impacting olfactory function. They filled Autism Spectrum Quotient and State-Trait Inventory for Cognitive and Somatic Anxiety. Also, they completed the Sniffin Sticks Extended Test, to evaluate odor threshold, discrimination and identification abilities.

Results: Three multiple hierarchical regression models were performed to explain the scores in olfactory abilities. Four predictors were included in each model - somatic and cognitive anxiety, social skills and attention to detail, after controlling for sex in the first step. The models explaining odor threshold and identification were not statistically significant. The model for odor discrimination explained 18.5% of variance, being sex ($b=.226$), somatic anxiety ($b=.279$) and attention to detail ($b=.294$) significant predictors.

Conclusions: Our results add new insights about the role of somatic anxiety and attention to detail in discrimination abilities of the general population, suggesting that physiological activation may disrupt olfactory perception regarding discrimination domain specifically, while the reverse seems to occur with high attention to detail.

Conflict of interest: No

Keywords: Autism; autism spectrum disorders; anxiety; olfaction

EPV1095

Neurobiological effects of two physiotherapy programmes on somatic and neurophysiological manifestations show the relevance of physiotherapy in the management of children with attention-deficit/hyperactivity disorder.

V. Bayo-Tallón^{1*}, J. Esquirol-Causa¹, M. Pàmias Massana², K. Planells-Keller² and D. Palao Vidal³

¹Escoles Universitàries Gimbernat, Autonomous University of Barcelona, Cerdanyola del Vallès, Spain, University Research Service Of Physical Therapy (servei Universitari De Recerca En Fisioteràpia -s. u.r.f.), Sant Cugat del Vallès, Barcelona, Spain; ²Hospital Parc Taulí, Csmij, Sabadell (Barcelona), Spain and ³Parc Taulí-University Hospital, Mental Health, Sabadell (Barcelona), Spain

*Corresponding author.

Introduction: ADHD is a neurobiological disorder; common symptoms are inattention, hyperactivity, impulsivity, deficient emotional self-regulation often associated with motor problems. Despite motor impairments, somatic and neurophysiological features frequently occur in ADHD, they are not included in the diagnostic criteria.

Objectives: To assess basal somatic features (joint hypermobility, motor-control, fine motor skills, general-coordination, autonomic response, biotipology) in the presence of ADHD and compare them with the reference values. To analyse short-term effects of two physiotherapy programmes on physiological/neurophysiological variables and their persistence.

Methods: Randomized double-blind, clinical-trial conducted ($n=48$) in ADHD children divided into two intervention groups (IG). Interventions: IG1: massage; IG2: manual-cranial-therapy. Both groups received the standard multimodal treatment plus 4 sessions according to each group. Variables: vital-signs

(temperature, respiratory rate, heart rate, blood pressure), joint hypermobility, somatotype, general-coordination, motor-control, fine motor skills, Heart Rate Variability (HRV) time/frequency domain parameters.

Results: Forty-eight participants (7-11 years-old, ♂45.83%; ♀54.16%, body mass index average BMI=17.879kg/m²). 66.67% had joint hypermobility, 45.833% presented ectomorph composition. Baseline sympathetic activity predominance on HRV, deficits in motor-control, fine motor skills and general-coordination were also observed. Both programmes significantly reduced vital-signs and increased parasympathetic activity in the short-term, but only IG2 reduced LF/HF short-term ratio ($p=0.00012$) and improved psychomotor skills within eight weeks by exerting parasympathetic effects ($p=0.00005$).

Conclusions: Only IG2 programme showed significant changes on vital-signs, HRV and psychomotor skills maintained during eight weeks. Physiotherapy assessment of somatic/neurophysiological traits should be included in the diagnostic process as part of the multidisciplinary approach to manage somatic/clinical manifestations associated with ADHD.

Conflict of interest: No

Keywords: Autonomic Nervous System; Joint Hypermobility; ADHD; Manual Therapy

EPV1096

The role of the ectorhinal cortex (area 36) in emotion regulation of patients with essential hypertension

S. Kovtoniuk^{1*}, E. Pervichko², A. Vartanov², S. Kozlovskiy², N. Korsakova² and E. Enikolopova²

¹Center for Speech Pathology and Neurorehabilitation, Neurorehabilitation, Moscow, Russian Federation and ²Lomonosov Moscow State University, Faculty of Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: Anxiety and depressive disorders are often common in essential hypertension (EH). It can be caused by a malfunction of the medial temporal lobe (Shimoda & Kimura, 2014).

Objectives: To assess the relationships of the medial temporal lobe dysfunctions with the data on the features of emotion regulation (ER) in EH patients.

Methods: The degree of vascular dysfunction in the brain cortical areas was assessed with the method for assessing cerebrovascular reactivity in a hyperventilation fMRI test (Vartanov et. al., 2015; 2017). Brain fMRIs have been obtained using a MR-scanner Siemens Skyra 3T. A study of emotionality and ER was performed using 16PF Questionnaire, Ways of Coping Questionnaire (WCQ), Cognitive Emotion Regulation Questionnaire (CERQ). The study involved 16 naive middle-age patients with uncomplicated EAH, stage 1-2, average age is 53.4 ± 6.3 .

Results: It was found that only vascular dysfunctions in the BA 36 (the ectorhinal cortex) correlate with the results of ER tests:

1. The degree of vascular dysfunction in the right BA 36 correlates with values on the 'C' scale (Emotional Stability) in 16PF ($r=-0.62$, $p<0.01$), as well as with the Coping strategy "Planful problem solving" ($r=0.38$, $p<0.005$).

2. The degree of vascular dysfunction in the left BA 36 correlates with the 'O' scale (Apprehension) (16PF) ($r=-0.63$, $p<0.01$) and with the ER "Positive reappraisal" in CERQ ($r=0.40$, $p<0.005$).

Conclusions: Interhemispheric asymmetry of the BA 36 participation into the ER of EH patients was revealed. The research was supported by RFBR; project № 17-06-00954.

Disclosure: The research was supported by RFBR; project № 17-06-00954.

Keywords: ectorhinal cortex; emotion regulation; area 36; Essential hypertension

EPV1097

Hostility in coronary heart disease: relations to myocardial contractility and coronary artery patency

O. Nikolaeva¹, E. Nikolaev^{2*}, A. Bogdanov², D. Hartfelder³ and E. Litvinova³

¹Chuvash Republic Cardiology Clinic, Cardiosurgery Unit, Cheboksary, Russian Federation; ²Ulianov Chuvash State University, Faculty of Medicine, Cheboksary, Russian Federation and ³Ulianov Chuvash State University, Social And Clinical Psychology Department, Cheboksary, Russian Federation

*Corresponding author.

Introduction: Hostility as a personality trait is considered a psychosocial risk factor for coronary heart disease (CHD) and related mortality. Identifying new psychophysiological interrelations of hostility in case of CHD is of scientific and practical interest.

Objectives: To reveal possible relationships between hostility as a psychological category, which was measured based on the reports of CHD patients, and the objective indices of heart functioning in sick patients, which were measured instrumentally.

Methods: We interviewed 48 postmyocardial infarction patients after discharging from intensive care unit using Projective Hostility Test (Kholmogorova & Garanyan). They also underwent echocardiography and coronarography.

Results: The average index of hostility in group of CHD patients made up 48.15 ± 12.18 points, which was higher than the standard measure ($p=0.0025$). These differences were explained by the patients' higher inclination to perceive the surrounding people as those who contempt weakness and who solve their own problems purely by themselves. The correlation analysis revealed significant relations between other hostility indices and the instrumental measurements. We determined the connection of the patients' perception of the surrounding people as dominant and jealous with the coronary arterial involvement ($r=0.29$), and their perception of the surrounding people as cold-hearted and indifferent with an increased left ventricular ejection fraction ($r=0.35$).

Conclusions: Hostility understood as a persistent inclination to ascribe negative qualities to social objects shows high figures in CHD patients. They are correlated with physiological heart parameters and reflect, on the one hand, the coronary artery involvement and a decreased blood flow, and on the other hand, an increased myocardial contractility.

Conflict of interest: No

Keywords: coronary heart disease; postmyocardial infarction patients; hostility; Psychophysiology

Psychosurgery & stimulation methods (ECT, TMS, VNS, DBS)

EPV1098

Risks of electroconvulsive therapy in depressed patients with intracranial aneurysm

M.H.L. Arts^{1*}, S. Petrykiv² and L. De Jonge³

¹GGZ Westelijk Noord-Brabant, Geriatric Psychiatry And Neuropsychiatry, Halsteren, Netherlands; ²GGZ WNB, Psychiatry, Halsteren, Netherlands and ³Leonardo Scientific Research Institute, Neuropsychiatry, Groningen, Netherlands

*Corresponding author.

Introduction: Electroconvulsive therapy (ECT) is considered as a safe and highly effective procedure in patients with treatment refractory psychiatric disorders. Although there is no absolute contraindication for ECT, caution is advised in patients with an intracranial aneurysm. ECT increases vascular permeability, causes changes in intracerebral blood pressure and cerebral blood flow, and transient increases heart rate, blood pressure and oxygen consumption. In literature, there have been limited reports on the risk of ECT and intracranial aneurysms.

Objectives: To investigate the safety of ECT application in patients with an intracranial aneurysm.

Methods: We performed a literature search, using Pubmed, EMBASE, and Cochrane library, in order to investigate the considerations and precautions of ECT application in patients with intracranial aneurysm. We describe existing case reports in literature (from 1983 to 2019), followed by a literature review on the application of ECT.

Results: In most reported cases, no ECT related complications due to intracranial aneurysm was observed.

Conclusions: The published data suggest that ECT may be considered in patients with intracranial aneurysm, under the condition that a risk-benefit analysis is made on a case-by-case basis. This intervention should be strictly pharmacologically monitored and surgical evaluation should be advised.

Conflict of interest: No

Keywords: Dépression; ECT; aneurysm

EPV1099

The role of electroconvulsive therapy in the treatment of dementia with lewy bodies

M.H.L. Arts^{1*}, S. Petrykiv², P. Michielsen³ and L. De Jonge⁴

¹GGZ Westelijk Noord-Brabant, Geriatric Psychiatry And Neuropsychiatry, Halsteren, Netherlands; ²GGZ WNB, Psychiatry, Halsteren, Netherlands; ³GGZ-WNB, High And Intensive Care (hic), Halsteren, Netherlands and ⁴Leonardo Scientific Research Institute, Neuropsychiatry, Groningen, Netherlands

*Corresponding author.

Introduction: Dementia with Lewy bodies (DLB) is a common type of dementia and is characterized by visual hallucinations, cognitive decline, fluctuating cognition, depressive symptoms, executive dysfunction, and spontaneous motor features of parkinsonism. In cases of DLB, up to 50% of patients reported depressive symptoms. Electroconvulsive therapy (ECT) has been proven to be an effective

treatment option for both (psychotic) depression and the improvement of motor function in parkinsonism. Due to limited evidence ECT is, however, often excluded as a suitable treatment for DLB.

Objectives: In this study, we highlight the application of ECT in patients with DLB.

Methods: We describe case reports, followed by a literature review on the role of ECT as a treatment option in DLB.

Results: A literature search, using Pubmed, EMBASE, and Cochrane library only revealed a few case reports, describing the relevance of ECT in patients with DLB. All patients showed clinical improvement on both affective and neuropsychiatric symptoms.

Conclusions: There are indications that ECT can make an important contribution for the treatment of neuropsychiatric symptoms in DLB. However, further studies are needed to disentangle the potential role of ECT in DLB.

Conflict of interest: No

Keywords: Lewy bodies; ECT; dementia

EPV1100

Is it necessary to dismiss the ventriculo-peritoneal bypass valve malfunction before undergoing electroconvulsive therapy in patients with normal pressure hydrocephalus (NPH) neurologically asymptomatic?

I. Baenas^{1*}, A. De Arriba-Arnau², V. Soria² and M. Urretavizcaya²

¹Bellvitge University Hospital, Department of Psychiatry, L'Hospitalet de Llobregat, Spain and ²Bellvitge University Hospital -IDIBELL, Psychiatry, Barcelona, Spain

*Corresponding author.

Introduction: The use of ECT in patients with an intracerebral foreign body arises questions about possible singularities. According to clinical guidelines' recommendations, there is no formal contraindication for the use of ECT in patients with comorbid NPH, not even for those with a valve in place (APA 2001, CANMAT 2016, Spanish ECT Consensus 2018). However, the existence of mechanical complications of the valve, such as an obstruction, might interfere with ECT procedure.

Objectives: To review the described pre-ECT assessment of the bypass valve in ECT patients with comorbid NPH in the literature.

Methods: By searching the electronic data bases of PubMed, Google search, Google Scholar, Scopus, and Cochrane Library, we collect data and analyze the pre-ECT evaluation of patients with NPH and a bypass valve.

Results: Of the twelve studies retrieved, none of them had reported neurological symptoms suggestive of valve malfunction like headache or neurological deficits. Although information about the valve examination in the current episode was provided only in the 38.5% of the cases, no bypass valve malfunction was referred among any of the twelve cases, neither before nor during ECT.

Conclusions: The available literature on pre-ECT assessment in patients with NPH bypass valve carriers is scarce and the evaluation of the valve functionality has been described in few cases. Although no neurological symptoms of valve malfunction were present and no complications have been described in the current literature during ECT, the clinical guidelines recommend to dismiss the valve malfunction pre-ECT due to the risk of potential herniation, secondary to increased intracranial pressure.

Conflict of interest: No

Keywords: Electroconvulsive Therapy (ECT); Normal Pressure Hydrocephalus (NPH); Ventriculo-peritoneal bypass valve

EPV1101

Use of etomidate in patients undergoing electroconvulsive therapy (ECT): effects of hypnotic change on seizure quality. A case series report.

I. Baenas^{1*}, A. De Arriba-Arnau², M. González-Águila¹, V. Soria² and M. Urretavizcaya²

¹Bellvitge University Hospital, Department of Psychiatry, L'Hospitalet de Llobregat, Spain and ²Bellvitge University Hospital -IDIBELL, Psychiatry, Barcelona, Spain

*Corresponding author.

Introduction: The anticonvulsant properties of certain anesthetic agents have a negative impact on seizure parameters within ECT performance. Etomidate seems to provide longer and better seizures in ECT settings (Singh et al 2015, Wojdacz et al 2017, Stripp et al., 2018).

Objectives: To study the effect of changing from thiopental to etomidate during a single ECT course by comparing seizure duration and device Postictal Suppression Index (PSI) in two consecutive sessions within the index episode of each patient.

Methods: Retrospective data collection from the ECT Unit in our service since the introduction of etomidate in anesthetic practice in 2017. We found five patients who experienced a change from thiopental to etomidate due to the impairment of the seizure quality despite raising the stimulus intensity without significant results. Sessions before and after anesthetic change were analyzed for ECT parameters, comparing differences in duration and PSI between sessions of each patient by Student's T test for paired data.

Results: All five patients analyzed underwent a substitution of thiopental for etomidate without any other changes in the stimulus application at the same time. This etomidate change implied longer seizures in all patients. There was a mean increase of 9.67(5,03) seconds in motor duration ($p=0.037$) and 17,33(17,62) seconds on average in the EEG seizure duration ($p=0.060$). However, PSI improved only in 2 of the 5 cases.

Conclusions: Etomidate seems promising as an anesthetic in the ECT environment, given its minimal interference on the convulsive threshold and its effect on the seizure duration.

Conflict of interest: No

Keywords: Electroconvulsive Therapy (ECT); Etomidate

EPV1105

Cerebellar transcranial magnetic stimulation for anhedonia in depression

S. Kocijancic Azzaoui^{1*} and J. Bon²

¹Splošna bolnišnica Novo mesto, Psihijatrija, Novo mesto, Slovenia and

²University Psychiatric clinic Ljubljana, Psychiatry, Ljubljana, Slovenia

*Corresponding author.

Introduction: Transcranial magnetic stimulation (TMS) is used for treating resistant depression. Magnetic resonance imaging (MRI) is

one of the tools, that could prove valuable for individualisation of TMS protocols.

Objectives: A 52-year old patient had depressive episodes since the age of 26. He experienced multiple and long-lasting relapses, regardless of different antidepressant medication and other interventions during multiple hospitalisations. He was enrolled in a TMS treatment research study.

Methods: MRI was performed pre-treatment, where an enlarged CSF cistern next to the cerebellum was found – most probably a benign developmental anomaly. We performed a standard 10 Hz DLPFC stimulation protocol, after which objective evaluation with depression scales didn't show any kind of improvement.

Results: Study by Drysdale et al (2016) pointed towards the existence of different neurophysiological subtypes of depression (e.g. anhedonia), which also respond differently to TMS treatment. Brady et al (2019) described the efficacy of cerebellar TMS treatment in patients with schizophrenia, that have disrupted cerebellar-prefrontal network, which can present with anhedonia. We hypothesised that similar approach could be useful for anhedonia in depression. Our intervention used a TMS, where the coil was positioned over the midline of cerebellum. As this was an intervention, we didn't use formal clinical scales for an evaluation, but clinical observation and patient's subjective experience showed noticeable, although short lived improvement in mood.

Conclusions: Individualisation of TMS treatment can make a huge difference for its efficacy. Determination of functional dysconnectivity patterns in brain disorders like depression can lead to selection of more appropriate treatments for individual patients.

Conflict of interest: No

Keywords: TMS; Cerebellum; Dépression; Anhedonia

EPV1106

Particularities of psychotic depression and its response to electroconvulsive therapy (ECT), in comparison with nonpsychotic depression

A. De Arriba Arnau^{1,2,3*}, C. Massaneda¹, L. Martínez Fernández¹, V. Soria⁴, N. Salvat⁵, M. González-Águila¹, J. Menchon Magrina⁴ and M. Urretavizcaya⁴

¹Hospital Universitari de Bellvitge, Psychiatry, L'Hospitalet de Llobregat, Barcelona, Spain; ²Carlos III Health Institute, Centro De Investigación Biomédica En Red De Salud Mental (cibersam), Barcelona, Spain; ³Bellvitge Biomedical Research Institute (IDIBELL), Neurosciences Group - Psychiatry And Mental Health, L'Hospitalet de Llobregat, Spain; ⁴Bellvitge University Hospital -IDIBELL-CIBERSAM - UB, Psychiatry, Department of Clinical Sciences, School of Medicine, Barcelona, Spain and ⁵Bellvitge University Hospital -IDIBELL-CIBERSAM - Corporació Sanitària Parc Taulí, Psychiatry, Barcelona, Spain

*Corresponding author.

Introduction: Psychotic depression (PD) was associated with higher and quicker response to ECT, it is an outstanding predictor of response, and it has been proposed to be a distinct nosological entity.

Objectives: Comparison of patients with psychotic (n=26) and nonpsychotic (n=40) depression.

Methods: Retrospective study including 66 depressive patients treated with bilateral ECT. Patients were rated pre-ECT and after their last session using the Clinical Global Impressions Scale (CGI), the CORE system, the Mini-Mental (MEC-35), and the Global Assessment of Function (GAF). Changes in severity were assessed weekly with the Hamilton Depression Rating Scale (HDRS-21).

Results: Pre-ECT HDRS scores were higher in PD (34.35 ± 5.04 vs 26.58 ± 4.489 ; $p < 0.001$) although weekly percentage decrease, post-ECT HDRS scores, and the number of sessions (11.54 ± 3.65 vs 11.45 ± 2.9) were similar. Response rates were higher in PD (92.3% vs 85%), even though the difference was not statistically significant. PD patients were older (67.81 ± 12.25 vs 58.96 ± 12.825 ; $p = 0.007$), had higher CGI and CORE, and had lower MEC-35 and GAF pre-ECT. They spent more days in the hospital, had lower Thase and Rush staging, needed less anesthetic dose, and required higher stimulus intensity at first ECT session (all $p < 0.005$). However no differences were found in age of illness onset, number of previous episodes, previous ECT, current episode duration, response and remission rates, or the stimulus dose at last ECT session.

Conclusions: ECT was highly effective. PD showed older age, greater severity, psychomotor and cognitive disturbances, poorer functionality, and less pharmacological resistance pre-ECT. PD required less anesthetic dose and higher initial stimulus intensity.

Conflict of interest: No

Keywords: ECT; Psychotic Depression; Dépression; Electroconvulsive Therapy

EPV1108

Bispectral index (BIS) as tool to optimize electroconvulsive therapy (ETC)

A. Mármol^{1*}, Á.S. Rosero¹, A. Ballesteros², E. Uriarte Rosquil¹, J. Yoldi Murillo¹ and J.M. López Ilundain¹

¹Red de Salud Mental - Servicio Navarro de Salud - Osasunbidea, Psychiatric Hospitalization Unit, Pamplona, Spain and ²RiojaSalud, Psychiatry, Berrioplano, Spain

*Corresponding author.

Introduction: In ETC, the seizure induction moment is crucial in seizure quality. Depth anesthesia monitoring allows a better drug adjustment and precise identification of the optimum moment to cause seizure.

Objectives: To analyze the relation between depth anesthesia, monitored by BIS, and clinical seizure duration to improve ETC technique by identify optimal seizure induction moment.

Methods: Data were analyzed retrospectively. 648 ETC sessions were analyzed, also the relation between depth anesthesia and clinical seizure duration. A partial correlation analysis was made (controlling for age, sex, stimulus charge -mcombs-, propofol dose, succinilcolina dose and lidocaine dose)

Results: Positive correlation statistically significant was found between depth anesthesia and seizure duration ($R: 0,331$; $p < 0.005$)

Conclusions: BIS number in seizure induction moment is a useful measure to reach better seizure quality. BIS number is a good predictor of ETC efficiency in clinical practice because it allows identification of optimal seizure induction moment.

Conflict of interest: No

Keywords: Electroconvulsive Therapy; Bispectral EEG index; ECT; BIS

EPV1109

Benefit of bispectral index (BIS) in electroconvulsive therapy (ETC)

A. Mármol^{1*}, Á.S. Rosero Enríquez¹, A. Ballesteros², E. Uriarte Rosquil¹, J. Yoldi Murillo¹ and J.M. López Ilundain¹

¹Red de Salud Mental - Servicio Navarro de Salud - Osasunbidea, Psychiatric Hospitalization Unit, Pamplona, Spain and ²RiojaSalud, Psychiatry, Berrioplano, Spain

*Corresponding author.

Introduction: The prediction of seizure thresholds in electroconvulsive therapy (ECT) remains problematic. There are two common ways to calculate stimulus charge at first ETC session. One is based in progressive titration of anesthesia and the other one from patient's age. Both methods assume certain percentage of ineffective inductions. Drugs used in anaesthetic induction can modify seizure threshold. Monitor depth of anesthesia by BIS can be useful to reduce the number of ineffective induction.

Objectives: Compare seizure duration, stimulus charge and propofol dose in sessions where BIS was used and with sessions where it wasn't to analyzed if BIS use optimizes ETC method by getting more theoretical effectiveness.

Methods: Data were analyzed retrospectively in ETC sessions in Hospital Navarra for the last 4 years. Seizure duration, stimulus charge and propofol dose were compared with sessions where BIS was used and with sessions where it wasn't.

Results: A total of 2636 ETC sessions of 113 patients were analyzed. Statistically significant differences were obtained for clinical seizure duration (BIS group 19,47 VS NOBIS group 15,72), stimulus charge used (379 VS 306 mcombs) and propofol dose needed for anaesthetic induction (1,27 VS 1,46 mg/kg). Number of ineffective seizure inductions was 11.4% in NOBIS group VS 5.2% in BIS group.

Conclusions: BIS is a useful tool that optimizes ETC method to get more theoretical effectiveness. Using BIS, dose adjustment of anesthetics drugs improves and lower stimulus charges are needed, decreasing cognitive side effects.

Conflict of interest: No

Keywords: Bispectral EEG index; BIS; Electroconvulsive Therapy; ECT

EPV1111

Efficacy of bilateral continuous theta burst stimulation in treatment resistant auditory hallucinations: a single-blind, randomized, sham-controlled trial.

A. Purohith^{1*}, C. Kumar² and U. Mehta¹

¹Kasturba Medical College, Manipal, Manipal Academy of Higher Education(MAHE), Psychiatry, Manipal, India and ²NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO-SCIENCES, Psychiatry, BANGALORE, India

*Corresponding author.

Introduction: Around 25-30% of subjects with auditory verbal hallucinations(AVH) in schizophrenia are resistant to antipsychotic treatment. Continuous theta-burst stimulation(cTBS) is a protocol of rTMS(repetitive Transcranial Magnetic Stimulation)

which is a continuous un-interrupted stimulus train that induces long-term depression-like effects. A stimulation protocol with cTBS for AVH has shown varying results in different trials. We tested cTBS as a treatment strategy for refractory AVH in a Single-blind, sham-controlled trial.

Objectives: This study aimed to evaluate the efficacy of cTBS on bilateral TPJ for the treatment-resistant AVH.

Methods: Out of seventy patients who were screened, sixteen patients met eligibility criteria and were randomly allocated to cTBS or sham group. They received cTBS or sham treatments over bilateral TPJ twice daily for 12 days. The severity of AVH was assessed independently by blind raters with Auditory Hallucinations Rating Scale (AHRS) at baseline, after completion of treatment and two weeks later.

Results: One patient dropped out of the study before completion. In the remaining fifteen, AVH improved in both the groups as measured with AHRS after treatment. However, there was no significant difference between the cTBS and sham group. There were no adverse effects.

Conclusions: cTBS intervention showed no specific benefit in treating resistant auditory hallucinations. The effects were general rather than specific to cTBS. Future research should evaluate cTBS as an add-on treatment in schizophrenia without keeping the selection criteria of treatment-resistance as rigid, thereby evaluating the speedier response and thereby increasing the overall efficacy of the combined treatment approach to AVH.

Conflict of interest: No

Keywords: rTMS; auditory verbal hallucinations; cTBS; RCT

EPV1112

Preliminary findings on efficacy of repetitive transcranial magnetic stimulation in improving cognitive functions in patients with mild cognitive impairments

A. Senczyszyn*, M. Marta, D. Szcześniak, A. Kobyłko, K. Fila-Witecka, J.A. Beszłej, P. Piotrowski, A. Zimny, J. Maciaszek, D. Siwicki, T. Wiczorek and J. Rymaszewska

Wroclaw Medical University, Wroclaw, Poland, Department of Psychiatry, Wroclaw, Poland

*Corresponding author.

Introduction: Dementia is an ever-increasing public health care issue worldwide. The increase in life expectancy and the aging of the population lead to an increment of incidence and prevalence of age-related impairments in cognitive functioning. These impairments are of utmost importance, because to date the disease-modifying methods of their treatment are limited.

Objectives: To determine the effectiveness of repetitive Transcranial Magnetic Stimulation (rTMS) in slowing down cognitive impairment associated with Mild Cognitive Impairment (MCI).

Methods: We enrolled patients with a diagnosis of Mild Cognitive Impairment (MoCA $\leq 26 > 19$) and subjected them to a course of rTMS stimulation. Stimulation consisted of 10 sessions on the DLPFC: 2000 pulses at 10 Hz, 5-s train duration, and 25-seconds intervals at 110% of motor threshold. We administered neuroimaging (fMRI), neuropsychological (MoCA, Dem-Tect, FAS and CANTAB) and mood (AES) assessment before and after the treatment course. All possible side effects will be recorded. The research protocol received approval from the

Bioethical Committee of the Wroclaw Medical University (KB-400/2018).

Results: from present study will expand the knowledge of the effectiveness of rTMS stimulation in delaying MCI symptoms. Detailed assessment of cognitive functioning will be correlated with imaging findings.

Conclusions: Preliminary studies have reported that rTMS can enhance performances on several cognitive functions impaired in MCI. However, further randomized and well-controlled studies in larger population are needed to confirm the initial findings.

Conflict of interest: No

Keywords: cognitive stimulation; MCI; rTMS

Psychotherapy

EPV1114

Effectively treating depression: study design and methodology of a naturalistic study of group cognitive behavioural therapy as ECT continuation treatment

L. Bönke*, C. Hartling, S. Aust, M. Bajbouj and S. Grimm

Charite, Psychiatry, Berlin, Germany

*Corresponding author.

Introduction: Electroconvulsive therapy (ECT) is a highly effective anti-depressant treatment. However, a relevant number of patients experience recurrence of depressive episodes within 6 months. Earlier research in our group has suggested that ECT treatment effects can be effectively sustained by group CBT (Brakemeier et al. 2014). However, the previous implementation did not suit the complex needs of patients in a natural clinical setting.

Objectives: Thus, the present study aims to investigate the feasibility and effectiveness of a half-open continuous group CBT as continuation treatment for all patients regardless of remission status after ECT.

Methods: A manualized group CBT with sessions of 100 min duration is led by two experienced psychotherapists. The CBT-based manual employs the situational analysis technique described in the Cognitive Behavioral Analysis System of Psychotherapy by McCullough. Patients participate for 15 sessions, which are framed by 2 individual sessions before joining the group and one individual session at treatment end.

Results: This prospective study will recruit a total of 30 patients who concluded treatment with right-unilateral ultra-brief ECT for depression. Patients self-allocate to the group that is offered in addition to treatment as usual (e.g. pharmacological treatment, continuation ECT). ECT completers who live too far away or choose not to partake in the group and receive treatment as usual are recruited as a control group.

Conclusions: Outcome measures are the change in Montgomery-Åsberg Depression Rating Scale scores, quality of life assessed with the short-version of the WHO quality of life questionnaire (WHOQOL-Bref) and emotion regulation, assessed with cognitive emotion regulation questionnaire (CERQ).

Conflict of interest: No

Keywords: Electroconvulsive Therapy; CBASP; Depression; Cognitive Behavioral Group Therapy

EPV1116

Psychotherapeutic group intervention on psychological risk factors for suicide. Efficacy to improve hopelessness in a pilot study.

A.I. De Santiago-Díaz*, E. Gómez-Ruiz and J. Artal-Simón

Hospital Universitario Marqués de Valdecilla, Servicio De Psiquiatría, SANTANDER, Spain

*Corresponding author.

Introduction: Suicide prevention is a public health priority for the World Health Organization, contained in the Spanish National Mental Health Strategy. Since March-2016 High Resolution Program for Suicide Behavior Management and Suicide Prevention (CARS) was implemented in Valdecilla University Hospital (HUMV) in Cantabria (Spain). In many studies, hopelessness has been determined as a psychological suicide risk factor.

Objectives: To show data of improvement on hopelessness through a specific and standardized psychotherapeutic group intervention for the approach and prevention of suicidal behavior.

Methods: 23 patients (mean age 44 years, 60.9% women, 9% suicidal ideation and 91% suicide attempt) treated in CARS were included in a Specific group intervention (6-10 patients, 10 sessions, 90 minutes, weekly frequency). Hopelessness has been measured at baseline and after finishing the group intervention with Beck Hopelessness Scale (BHS): total and independent factors scores (affective, motivational and cognitive). BHS total score is also used as a predictor of suicide risk.

Results: A decrease in BHS scores has been observed, both in total scores (11,86 to 9,07) and independent scores: affective (2.14 to 1.86), motivational (4,14 to 2.86) and cognitive (4,57 to 3,50), proving to be statistically significant in the cognitive factor ($p=0.010$). We have also found a decrease in rates of suicide risk in patients (39% of those with high risk at baseline vs 13% after group intervention).

Conclusions: Specific and standardized psychotherapeutic group intervention for the approach and prevention of suicidal behavior included on CARS program has been effective both in achieving reduction on hopelessness and suicide risk.

Conflict of interest: No

Keywords: Suicide; suicide risk; hopelessness; Psychotherapy

EPV1118

On cognitive flexibility. Acceptance and commitment therapy versus a mindfulness-based emotional regulation intervention in anxiety disorders.

A randomized controlled trial: the rem-act study

E. Fernández-Jiménez^{1*}, E. Vidal-Bermejo¹ and A. Hospital-Moreno²

¹La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²La Paz University Hospital, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: There is a paucity of studies which address the relationship between mindfulness and cognitive flexibility. This is the first study to compare two mindfulness-based interventions on this cognitive function.

Objectives: To compare the effectiveness of Acceptance and Commitment Therapy (ACT) versus a Mindfulness-based Emotional Regulation (MER) intervention on cognitive flexibility.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). Firstly, 52 adult patients with anxiety disorders were randomized according to the score on the Acceptance and Action Questionnaire-II (blocking factor), of whom, 39 patients decided to participate (age range: 21-63 years). Each intervention was weekly, during 8 weeks, guided by two Clinical Psychology residents. A 2x2 mixed ANOVA (pre-post change x intervention type) was conducted, with Sidak-correction post hoc tests. The dependent variable was the score on the TMT-B (seconds).

Results: A transformation according to the natural logarithmic function was conducted due to normality violation regarding the post-intervention measure. Homoscedasticity assumption was met. No statistically significant differences between interventions were observed on the pre-treatment score ($t(36) = -0.28, p = 0.78$). A statistically significant interaction effect was observed [$F(1, 33) = 8.00, p = 0.01, \text{partial } \eta^2 = 0.20$, statistical power observed = 78.4%], showing significant improvement after ACT but not after MER. The Mann-Whitney test, on the difference pre-post scores, confirmed such improvement after ACT ($p = 0.02$).

Conclusions: These results show a differential change pattern between both mindfulness-based interventions regarding cognitive flexibility. A larger sample size is required to confirm these results.

Conflict of interest: No

Keywords: Acceptance and Commitment Therapy; Mindfulness-based Emotional Regulation; randomized controlled trial; Cognitive Flexibility

EPV1119

On the stroop effect. Acceptance and commitment therapy versus a mindfulness-based emotional regulation intervention in anxiety disorders.

A randomized controlled trial: the rem-act study

E. Fernández-Jiménez^{1*}, E. Vidal-Bermejo¹ and A. Hospital-Moreno²

¹La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²La Paz University Hospital, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Results about the effects of training in mindfulness on the executive function of inhibition are mixed. This is the first study to compare two mindfulness-based interventions on inhibitory control and visual processing speed.

Objectives: To compare the effectiveness of Acceptance and Commitment Therapy (ACT) versus a Mindfulness-based Emotional Regulation (MER) intervention on inhibitory control and visual processing speed.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). Firstly, 52 adult patients with anxiety disorders were randomized according to the score on the Acceptance and Action Questionnaire-II (blocking factor), of whom, 39 patients decided to participate. Each intervention was weekly, during 8 weeks, guided by two Clinical Psychology residents. A 2x2 mixed ANOVA (pre-post change x intervention type) was conducted, with Sidak-correction post hoc tests. The dependent variables were the three scores on the Stroop test: Word, Color and Interference.

Results: Normality and homoscedasticity assumptions were met, except for normality in Word. No statistically significant interaction effect was observed. Two main effects pre-post change were statistically significant for Color [$F(1, 33) = 6.22, p = 0.02$, partial eta-squared = 0.16, statistical power observed = 67.8%] and Interference [$F(1, 33) = 5.54, p = 0.00$, partial eta-squared = 0.14, statistical power observed = 62.7%]. The Wilcoxon signed ranks test showed statistically significant change in Word ($p = 0.02$, partial eta-squared = 0.16, statistical power observed = 66.8%).

Conclusions: These results show both mindfulness-based interventions improved similarly, with large effect sizes, visual processing speed and inhibitory control.

Conflict of interest: No

Keywords: Stroop effect; Acceptance and Commitment Therapy; Mindfulness-based Emotional Regulation; randomized controlled trial

EPV1120

On attentional function. Acceptance and commitment therapy versus a mindfulness-based emotional regulation intervention in anxiety disorders. A randomized controlled trial: the rem-act study

E. Fernández-Jiménez^{1*}, E. Vidal-Bermejo¹ and A. Hospital-Moreno²

¹La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²La Paz University Hospital, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: There are controversial findings about the relationship between mindfulness and the attentional function. This is the first study to compare two mindfulness-based interventions on two domains of attention.

Objectives: To compare the effectiveness of Acceptance and Commitment Therapy (ACT) versus a Mindfulness-based Emotional Regulation (MER) intervention on auditive and visual attention.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). Firstly, 52 adult patients with anxiety disorders were randomized according to the score on the Acceptance and Action Questionnaire-II (blocking factor), of whom, 39 patients decided to participate. Each intervention was weekly, during 8 weeks, guided by two Clinical Psychology residents. A 2x2 mixed ANOVA (pre-post change x intervention type) was conducted, with Sidak-correction post hoc tests. The dependent

variables were the scores on TMT-A, Digit span forward and Longest digit span forward (WAIS-IV).

Results: Normality and homoscedasticity assumptions were met in TMT-A, except for normality in the remaining two outcomes. No statistically significant interaction effect was observed. A main effect pre-post change was statistically significant for TMT-A [$F(1, 33) = 24.64, p = 0.00$, partial eta-squared = 0.43, statistical power observed = 99.8%]. Wilcoxon signed ranks tests showed no statistically significant change in Digit span forward ($p = 0.60$) or in Longest digit span forward ($p = 0.07$).

Conclusions: These results show both mindfulness-based interventions improved similarly visual attention and speed of visuo-motor tracking, but not auditive attention. The ceiling effect of the Digit test may explain the lack of sensitivity to change.

Conflict of interest: No

Keywords: randomized controlled trial; attention; Acceptance and Commitment Therapy; Mindfulness-based Emotional Regulation

EPV1121

On auditive working memory. Acceptance and commitment therapy versus a mindfulness-based emotional regulation intervention in anxiety disorders. A randomized controlled trial: the rem-act study

E. Fernández-Jiménez^{1*}, E. Vidal-Bermejo¹ and A. Hospital-Moreno²

¹La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²La Paz University Hospital, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Meta-analysis show significant improvement regarding working memory capacity after training in mindfulness, but further research is needed to clarify these results. This is the first study to compare two mindfulness-based interventions on this cognitive function in patients with anxiety disorders.

Objectives: To compare the effectiveness of Acceptance and Commitment Therapy (ACT) versus a Mindfulness-based Emotional Regulation (MER) intervention on auditive working memory.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). Firstly, 52 adult patients with anxiety disorders were randomized according to the score on the Acceptance and Action Questionnaire-II (blocking factor), of whom, 39 patients decided to participate. Each intervention was weekly, during 8 weeks, guided by two Clinical Psychology residents. A 2x2 mixed ANOVA (pre-post change x intervention type) was conducted, with Sidak-correction post hoc tests. The dependent variables were the scores on the Digit span backward and the Digit span sequence (WAIS-IV).

Results: Normality violation was observed in both measures. Homoscedasticity assumption was met. No statistically significant main or interaction effect was observed (partial eta-squared between 0.00 and 0.07; statistical power observed between 5.10% and 32.6%). The Wilcoxon signed ranks tests confirmed this non-statistically significant change on Digit span backward ($p = 0.91$) or Digit span sequence ($p = 0.17$) after treatments.

Conclusions: Auditive working memory was not improved after any of the two mindfulness-based interventions. The ceiling effect of both measures may contribute to the lack of sensitivity to change. A larger sample size is required to confirm these results.

Conflict of interest: No

Keywords: auditive working memory; Acceptance and Commitment Therapy; Mindfulness-based Emotional Regulation; randomized controlled trial

EPV1122

On anxiety sensitivity. Acceptance and commitment therapy versus a mindfulness-based emotional regulation intervention in anxiety disorders. A randomized controlled trial: the rem-act study

E. Vidal-Bermejo¹, E. Fernández-Jiménez^{1*} and A. Hospital-Moreno²

¹La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²La Paz University Hospital, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: The third wave of behavioral and cognitive therapies have been successfully applied to patients with anxiety disorders. However, there are very few studies comparing the effectiveness between different mindfulness-based interventions.

Objectives: To compare the effectiveness of Acceptance and Commitment Therapy (ACT) versus a Mindfulness-based Emotional Regulation (MER) intervention on anxiety sensitivity.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). Firstly, 52 adult patients with anxiety disorders were randomized according to the score on the Acceptance and Action Questionnaire-II (blocking factor), of whom, 39 patients decided to participate. Each intervention was weekly, during 8 weeks, guided by two Clinical Psychology residents. A 2x2 mixed ANOVA (pre-post change x intervention type) was conducted, with Sidak-correction post hoc tests. The dependent variables were four scores of the Anxiety Sensitivity Index-3 (total score, physical, cognitive and social subscales).

Results: Normality and homoscedasticity assumptions were verified, except for normality and homoscedasticity in cognitive and social subscales. No statistically significant interaction effect was observed. Main effects pre-post change were statistically significant for the total score (partial eta-squared = 0.27, statistical power = 89.7%) and physical subscale (partial eta-squared = 0.15, statistical power = 60%), showing reduction in such measures after both treatments. Wilcoxon signed ranks tests showed also a statistically significant decrease for cognitive ($p = 0.00$) and social subscales ($p = 0.02$) after both treatments.

Conclusions: These preliminary results show that all the domains of anxiety sensitivity (physical, cognitive and social) decreased significantly after both interventions.

Conflict of interest: No

Keywords: Acceptance and Commitment Therapy; Mindfulness-based Emotional Regulation; randomized controlled trial; anxiety sensitivity

EPV1125

Psychotherapeutic approaches in emergencies during the acute period

T. Kuzmina*, N. Zakharova, A. Baeva and M. Tsvetkova

National Medical Research Centre of Psychiatry and Addiction n.a. V.P. Serbsky Moscow, Russia, Department of Psychiatry And Psychotherapy Assistance To Victims Of Emergency Situations, Moscow, Russian Federation

*Corresponding author.

Introduction: Many years of experience in the elimination of consequences of emergencies showed that during the acute period, the main goal is to achieve relatively normal mental, physical and social functioning. In this regard, in the emergency, it is necessary to organise effective medical and psychotherapeutic assistance to victims as soon as possible.

Objectives: To demonstrate the most effective psychotherapeutic interactions with victims during the early stage of consequences elimination.

Methods: To determine the most effective psychotherapeutic techniques the experience of psychotherapeutic assistance provided to victims and relatives of, fire in the «Winter Cherry» shopping center (25.03.2018 Kemerovo), Kerch Polytechnic College mass shooting (17.10.2018) and Aeroflot plane crash SJ-100 in Shermetyevo Airport (05.05.2019) were used.

Results: Psychotherapeutic interventions for emergencies include different types of approaches. Cognitive-behavioral therapy includes psychoeducation, overcoming denial of the traumatic event. Emotional regulation techniques help victims to learn the essentials skills of self-control (simple control breathing, mindfulness, progressive muscle relaxation). Eye movement desensitisation and reprocessing is another psychotherapeutic technique that is effectively working with the traumatic event. We use the emotional ventilation technique to help a victim to release traumatic experience in various most suitable for him ways. Empathic listening helps to establish a therapeutic relationship with the patient, to start and maintaining the exact therapy that will be provided later.

Conclusions: During the acute period of emergency it is important to provide psychotherapeutic assistance. All of these techniques should be short-term limited, minimise the risk of dependency and chronicity.

Conflict of interest: No

Keywords: MEDICAL AND PSYCHOLOGICAL ASSISTANCE; VICTIMS OF EMERGENCIES; EMERGENCY PSYCHOTHERAPY; EMERGENCY SITUATION

EPV1126

On mindfulness trait. Acceptance and commitment therapy versus a mindfulness-based emotional regulation intervention in anxiety disorders. A randomized controlled trial: the rem-act study

E. Vidal-Bermejo¹, E. Fernández-Jiménez¹, I.I. Louzao-Rojas^{1*} and A. Hospital-Moreno²

¹La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²La Paz University Hospital, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: The third wave of behavioral and cognitive therapies use different techniques to promote lasting changes regarding mindfulness as a trait. However, there are very few studies comparing various mindfulness-based interventions. This is the first study to compare two mindfulness-based interventions on this trait in patients with mixed anxiety disorders.

Objectives: To compare the effectiveness of Acceptance and Commitment Therapy (ACT) versus a Mindfulness-based Emotional Regulation (MER) intervention on mindfulness trait.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). Firstly, 52 adult patients with anxiety disorders were randomized according to the score on the Acceptance and Action Questionnaire-II (blocking factor), of whom, 39 patients decided to participate (Mean age = 42.38; S.D. = 11.71; 21-63 years). Each intervention was weekly, during 8 weeks, guided by two Clinical Psychology residents. A 2x2 mixed ANOVA (pre-post change x intervention type) was conducted, with Sidak-correction post hoc tests. The dependent variable was the total score on the Five Facet Mindfulness Questionnaire.

Results: Normality and homoscedasticity assumptions were verified. No statistically significant interaction effect was observed. A main effect pre-post change was statistically significant [$F(1, 30) = 22.84, p = 0.00$, partial eta-squared = 0.43, statistical power observed = 99.6%]. Both interventions increased similarly, with a large effect size, mindfulness trait after treatment.

Conclusions: These preliminary results show that mindfulness dispositional improves similarly and greatly after both interventions. Therefore, these findings indicate that mindfulness can be cultivated with different techniques beyond the meditation practice.

Conflict of interest: No

Keywords: Acceptance and Commitment Therapy; Mindfulness-based Emotional Regulation; randomized controlled trial; mindfulness trait

EPV1127

On experiential avoidance. Acceptance and commitment therapy versus a mindfulness-based emotional regulation intervention in anxiety disorders. A randomized controlled trial: the rem-act study

E. Vidal-Bermejo¹, E. Fernández-Jiménez¹, I.I. Louzao-Rojas^{1*} and A. Hospital-Moreno²

¹La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²La Paz University Hospital, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: The third wave of behavioral and cognitive therapies promote a new relationship with negative internal events, based on

acceptance, as opposed to their control. This is the first study to compare two mindfulness-based interventions on this psychological construct.

Objectives: To compare the effectiveness of Acceptance and Commitment Therapy (ACT) versus a Mindfulness-based Emotional Regulation (MER) intervention on experiential avoidance.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). Firstly, 52 patients with anxiety disorders were randomized according to the score on the Acceptance and Action Questionnaire-II (blocking factor), of whom, 39 patients decided to participate. Each intervention was weekly, during 8 weeks, guided by two Clinical Psychology residents. A 2x2 mixed ANOVA (pre-post change x intervention type) was conducted, with Sidak-correction post hoc tests. The dependent variable was the score on the Acceptance and Action Questionnaire-II.

Results: Normality and homoscedasticity assumptions were met. No statistically significant differences between interventions were observed on the pre-treatment score ($t(37) = 0.98, p = 0.34$). A statistically significant interaction effect was observed [$F(1, 30) = 6.92, p = 0.01$, partial eta-squared = 18.7, statistical power observed = 72.1%]. MER reduced experiential avoidance after treatment ($p = 0.00$), with a large effect size, but not ACT ($p = 0.30$).

Conclusions: These preliminary results show a Mindfulness-based Emotional Regulation intervention reduced the perceived experiential avoidance but not Acceptance and Commitment Therapy, although both promote the acceptance as a core process. A larger sample size is required to confirm these results.

Conflict of interest: No

Keywords: Acceptance and Commitment Therapy; Mindfulness-based Emotional Regulation; randomized controlled trial; experiential avoidance

EPV1129

Gender, oedipus, and the psychotic rejection of lack and femininity

G. Mitropoulos^{1*} and D. Gorgoli²

¹Psychiatric Hospital of Attica, 5th Department, Athens, Greece and

²Constantopouleio General Hospital of Nea Ionia, Psychiatric

Department, Athens, Greece

*Corresponding author.

Introduction: Gender is not determined unequivocally by biological sex; it is assumed as such. For the neurotic subjects which go through the oedipal complex gender is assumed as a form of lack – male or female form.

Objectives: For this to happen, what is required is what Lacan calls the phallic function as a result of paternal metaphor, that is Oedipus. Gender assumed through this symbolic process, whether being male or female, can be more dialectic: a feminine aspect can be accepted as part of it. For this very reason it is also more stable.

Methods: For psychotic subjects on the other hand, both paternal metaphor and phallic function are foreclosed [1]. As a result, lack cannot be assumed as such, and gender cannot be assumed as a

form of lack. The psychotic subject therefore has to assume their gender as a more or less imaginary identification.

Results: Gender thus assumed on the level of the image is both one-dimensional, precluding dialectization, and unstable, as is everything imaginary. When a psychotic episode happens, this assumption of gender can prove fragile, and its collapse can provide the content for psychotic symptoms, such as delusions and hallucinations regarding male or female gender identity.

Conclusions: This content can sometimes regard societal prescriptions of gender, to the extent that the latter can be part of the imaginary identifications of gender [2]. Bibliography 1. Lacan J., Seminar III: Psychoses, Norton, 1993. 2. Mitropoulos et al. (2015). Psychosis and societal prescriptions of gender; a study of 174 inpatients. *Psychosis*, 7(4), 324-335.

Conflict of interest: No

Keywords: gender; oedipus; psychosis; lack

EPV1131

Modalities of play in children's interventive psychodiagnosis registered through an electronic form in a university clinical practice in Brazil

C. Varanda*, M. Campos and A. Poppe

Universidade Paulista, Instituto De Ciências Humanas, Santos, Brazil

*Corresponding author.

Introduction: Interventive psychodiagnosis is a modality of assessment in which the active participation of children and families is considered. Orientation is given following the input provided by children and their parents. Play observation is an important tool because it provides meaningful information on probable psychological diagnosis.

Objectives: A systematic way of registering the modalities of play among children can be a useful tool.

Methods: 38 children have attended Interventive Psychodiagnostic sessions at a university clinical practice in Brazil, aged 4-12. A playbox was offered to the children for them to choose any toy and play. The psychologist ought to observe the choice of toys and plays, motricity, creativity, symbolic abilities, frustration tolerance, adequation with reality.

Results: 59 forms were fulfilled after each session. Regarding the modality of play, 28,8% of them showed rigidity and 13,6% stereotypy. Only 19,3 % showed plasticity. Regarding creativity in play, 35,6% of the children did not link disconnected and different elements in a new and different one by their own initiative; 20,3% of them linked those elements in rare occasions and 10,2% of them linked elements by suggestion of other kids. 33,9% of them linked disconnected and different elements in a new and different one by their own initiative.

Conclusions: These data were related to parents' complaints such as aggressiveness, resistance to adhere to rules, learning difficulties and anxiety and helped to develop the adequate conduct and to give parents a partial feedback. This modality of assessment can be instructional for parents and also may reduce financial and time costs.

Conflict of interest: No

Keywords: assessment; psychotherapy; intervention; children

EPV1132

Dynamics of attitudes to concomitant pharmacotherapy in patients with neurotic disorders in the process of group-analytical psychotherapy

I. Belokrylov*, A. Munin, A. Brukhin, T. Lineva and S. Semikov
Peoples' Friendship University of Russia (RUDN University),
Department of Psychiatry And Medical Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: In the psychotherapeutic process, a wide range of patient problems is analyzed, the subjective meaning of which changes significantly as their unconscious aspects are revealed. It can be assumed that psychotherapy, changing the patient's attitude to psychotropic drugs that he takes in parallel, can transform their individual effects. The data on this topic in the literature are extremely scarce.

Objectives: To study the dynamics of the effectiveness of the use of psychotropic drugs in combination with group psychoanalytic psychotherapy in patients with neurotic disorders in order to optimize their comprehensive treatment.

Methods: We observed 40 patients (34 women and 6 men aged 24 to 56 years) with anxiety-neurotic and somatoform disorders (F40, F41, F45.0 - F45) who underwent group psychoanalytic therapy (at least 1 year, 1 session per week) in combination with psychopharmacotherapy. The latter included antidepressants, small doses of atypical antipsychotics, and tranquilizers.

Results: In about 2/3 of the observations (n = 28), subjective mediation of the effects of psychotropic drugs revealed a vivid imprint of the parent-type object relationships. This imprint is superimposed on the actual pharmacological action of these drugs, significantly transforms it, and in some cases it overlaps. In the remaining 12 cases, the subjective perception of psychotropic drugs taken by patients does not bear the imprint of object relations; their clinical effects corresponded to their chemistry.

Conclusions: The establishment of the object component of the action of psychotropic drugs that accompany psychoanalytic psychotherapy provides important information about the patient; working with him provides significant therapeutic opportunities.

Disclosure: The publication was prepared with the support of the Peoples' Friendship University Program 5-100.

Keywords: concomitant psychopharmacotherapy; dynamics of pharmacological effects; group analysis

EPV1133

Psychotherapy of somatoform disorders developing in patients with schizotypal personality disorder.

I. Belokrylov*, S. Semikov, A. Brukhin, A. Munin and B. Bayarsaikhan

Peoples' Friendship University of Russia (RUDN University),
Department of Psychiatry And Medical Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: According to the results of some studies, somatoform disorder (SFD), which develops in patients with schizotypal

personality disorder (SPD), exhibits the greatest therapeutic resistance (including the use of psychotherapy). Other publications report that typological parameters of personality pathology in patients with SFD do not correlate with the effectiveness of their treatment.

Objectives: To resolve the above contradiction, a separate study was undertaken.

Methods: A randomized controlled trial examined the effectiveness of short-term psychodynamic psychotherapy for patients with SFD. Clinical material included 80 patients with an ICD-10 diagnosis of F45: 42 men, 38 women, mean age 32.4 ± 7.6 years. Patients of the main group ($n = 40$) received a 3-month course of psychotherapy with a frequency of 2 sessions per week; in the control group ($n = 40$), patients were offered psycho-educational sessions with the same duration and frequency as in the main group.

Results: The proportions of the number of patients with SPD relative to the total number of observations in the comparison groups were comparable (9.8 / 10.6%; $p \leq 0.05$). The effectiveness of psychotherapy is confirmed by significantly better treatment results in the main group according to the criteria for reducing psychopathological symptoms and improving the quality of life. According to the results of the intragroup comparison, there were no differences in the results of therapy between patients with SPD and other types of personality disorders.

Conclusions: Short-term psychodynamic psychotherapy can be successfully used in the treatment of SFD in patients with SPD.

Disclosure: The publication was prepared with the support of the Peoples' Friendship University Program 5-100.

Keywords: schizotypal personality disorder.; psychotherapy; somatoform disorders

EPV1134

Implementation of low-intense group psychotherapy approach within psychiatric ward in ukraine

S. Lahutina

Bogomolets National Medical University, Institute of Cognitive Modeling, Medical Psychology, Psychosomatic Medicine and Psychotherapy Department, Kyiv, Ukraine

Introduction: Group therapy is a beneficial and cost-effective treatment format. An equally encouraging finding was the increased demand for group treatment in clinical practice. In Ukraine there were no evidence-based researches based at studying the effectiveness of different types of group psychotherapy in the psychiatric wards.

Objectives: We suggest that by conveying different types of low-intense psychotherapeutic groups to all patients within psychiatric ward can lead to better treatment outcomes.

Methods: SF-36, Crowne-Marlowe Social Desirability Scale will be used for this research. Additionally, we plan to create three types of questionnaires: upon admission to the department, during all the groups, and after treatment, to define how different types of patients will react on this approach. We are interested in such an information about patients: age, family status, education, profession, admission date to the psychiatric ward, ICD code, the duration of the condition, psychotherapy experience (type, duration, approach), how effective was the past psychotherapy, attitude to group psychotherapy, expectations.

Results: Our psychoneurological department provides a special psychotherapeutic approach. There are nine types of groups

(psychoeducational, cognitive, psychodynamic and so on) and patients are advised to visit all the group types, so there is no differentiation of patients according to the group type or pathology.

Conclusions: We anticipate that a combination of different types of group psychotherapy is more effective than the use of mono group therapy approach. We plan to evaluate the effectiveness of our group psychotherapy model, define the most effective group types for each patients' category, improve the current system of group psychotherapy.

Conflict of interest: No

Keywords: group psychotherapy; approach; Effectiveness; psychiatric ward

EPV1135

Applications of acceptance and commitment therapy for group treatment

L. León-Quismondo^{1*}, F. López Ríos², A. Fernández Liria³ and G. Lahera⁴
¹Ramon y Cajal University Hospital, Psychiatry, Madrid, Spain; ²University of Almería, Psychology, Almería, Spain; ³Hospital Universitario Príncipe de Asturias, Psychiatry, Alcalá de Henares, Spain and ⁴University of Alcalá, School of Medicine, Alcalá de Henares, Spain

*Corresponding author.

Introduction: Group therapy has unique qualities, as it makes use of therapeutic aspects, such as group cohesion, which favour change and are not possible in other psychotherapy formats, as well as being more efficient in terms of care and finances.

Objectives: To know the available applications of Acceptance and Commitment Therapy for group treatment.

Methods: A review of group intervention protocols was carried out with Acceptance and Commitment Therapy for the treatment of different disorders.

Results: Group intervention protocols with Acceptance and Commitment Therapy are limited. On the one hand, there are some general manuals on the group application of Acceptance and Commitment Therapy. On the other hand, manual interventions have been found for some of the most frequent disorders in the clinic, such as anxiety-depressive disorders, social anxiety, somatization/hypochondria or psychosis. These interventions have about 10 weekly treatment sessions, except for interventions in psychosis, which have a short protocol with 4 sessions for younger patients with a first psychotic episode, and another protocol with 18 sessions for patients with longer evolution time. In all cases they work with acceptance, values and commitment to action, and include homework. Finally, all manuals insist on flexible application, always adjusted to the needs of the group.

Conclusions: The protocolized applications of Acceptance and Commitment Therapy for group treatment are still limited. Further research on group interventions with Acceptance and Commitment Therapy for different disorders is needed to encourage the creation of new manualized intervention protocols at the group level.

Conflict of interest: No

Keywords: Acceptance and Commitment Therapy; Group treatment; Applications

EPV1136

Reducing the risk of socially dangerous behavior in people with mental disorders based on comprehensive psychotherapeutic correction and rehabilitation

O. Makushkina

Federal State Budgetary Institution "V.P. Serbsky National Medical Research Centre for Psychiatry and Narcology" of the Ministry of Health of the Russian Federation, Department of Forensic Psychiatric Prevention, Moscow, Russian Federation

Introduction: Prevention of unlawful behavior of patients with management of factors affecting its formation seems promising.

Objectives: the formation of a scientifically based approach to reducing public danger on the basis of a comprehensive impact on factors contributing to and preventing the commission of offenses by persons with mental disorders.

Methods: A comparative examination of two groups of patients with severe mental pathology was carried out: 307 people who committed an offense and 200 with lawful behavior. The Kullback statistical method was used.

Results: It has been established that highly informative risk factors for public danger are: lack of compliance to therapy, antisocial personality structure, addiction or abuse of psychoactive substances, asociality, family maladaptation, as well as pronounced disturbances in the emotional sphere and behavior. Comprehensive approach to reducing risk has been developed, including a combination of psychotherapeutic techniques in the framework of cognitive-behavioral, gestalt therapy, psycho-education and art therapy, adapted for working with people with severe mental disorders. The modules of classes are highlighted: psycho-education; development of emotional competence; increase the level of self-regulation and control of behavior; on the prevention and overcoming of addiction diseases; increase the level of social adaptation.

Conclusions: Based on the results of a survey of 507 patients, an approach to the prevention of socially dangerous behavior based on comprehensive psychotherapeutic correction and rehabilitation with the effect on highly informative factors contributing to and preventing the commission of offenses was formed. The study of the effectiveness of the developed psychocorrectional approach is a topic for further promising research.

Conflict of interest: No

Keywords: psychotherapeutic correction; Prevention; socially dangerous behavior; reducing risk

EPV1137

Severe hypertensive crisis in adolescents treated with atomoxetine and nasal decongestants. clinical case.

S. Pérez Sánchez^{1*}, I. Martín Herrero¹, A. Crespo Portero², D. Güimil Raya¹ and M. Cassinello Marco¹

¹Morales Meseguer Public University Hospital, Psychiatry, Murcia, Spain and ²Lorca Mental health Center, Psychiatry, Lorca, Spain

*Corresponding author.

Introduction: Description of the clinical case. 15-year-old teenager who goes to the emergency room due to severe headache and blurred vision of sudden appearance. He says that for 2 days he has had severe nasal congestion due to possible allergy to pollens

and has used a decongestant (pseudoephedrine and fluticasone) from his father, up to 10 beats per day (out of medical indication) to calm nasal congestion.

Objectives: Followed in Mental Health by ADHD in treatment with oral atomoxetine (40 mg / day) for 7 months. Somatic APs: Allergic rhinitis that he has worsened in recent weeks.

Methods: Physical Exploration: 190/120 mmHg, 135 bpm, 25 rpm. Regular general condition, impresses of great affectation, intense headache, blurred vision, occipital pain that radiates to holocranial headache. No meningeal signs. Centered and symmetric pairs. No gait abnormalities or cerebellar signs, pharyngeal hyperemia, with clear mucus and mild nasal congestion, nasal voice. Rest of exploration without alterations. Exploration Psychopathology: Cy O in three spheres, highlights intense state of anxiety and distal fine tremor in limbs. No major affective nor psychotic clinic.

Results: Electrocardiogram and complete analytics: no alterations. Pharmacological hypertensive crisis. ADHD After a global evaluation continuous monitoring of constants, administration of captopril 25 mg, lorazepam 1 mg

Conclusions: The co-administration of atomoxetine and some nasal decongestants that contain pseudoephedrine can lead to a weighting of adrenergic effects, which can lead to toxic effects such as hypertensive crisis in the case that occurs. It will be necessary to provide the patients with complete information on precautions and drug interactions.

Conflict of interest: No

Keywords: Atomoxetine; adolescence; pseudoephedrine; decongestants.

EPV1138

Adverse effects related to prolactin in adolescents with antipsychotics.

S. Pérez Sánchez^{1*}, I. Martín Herrero¹, A. Crespo Portero², D. Güimil Raya¹ and M. Cassinello Marco¹

¹Morales Meseguer Public University Hospital, Psychiatry, Murcia, Spain and ²Lorca Mental health Center, Psychiatry, Lorca, Spain

*Corresponding author.

Introduction: Hyperprolactinemia is a frequent complication of antipsychotics, with figures of up to 45% of men and 48-93% of premenopausal women diagnosed with schizophrenia taking conventional antipsychotics. In adolescents, adverse effects are an important concern and are rarely consulted, assuming a cause for abandonment of treatment.

Objectives: 1. Determine hyperprolactinemia in adolescents treated with antipsychotics for more than 6 months. 2. Evaluate the side effects related to hyperprolactinemia.

Methods: Teenagers, 16-19 years old, are included in consultation with monotherapy antipsychotics for > 6 months. Prospective data collection, as the main variable prolactin levels determined in routine control analytics in primary, as well as main diagnosis, active principle, treatment time. To assess the side effects related to hyperprolactinemia, the PRAEQ self-applied questionnaire was used. SPSS 16.0.

Results: Fourteen adolescents with hyperprolactinemia participated, (57% male; 42% female), with diagnoses: unspecified psychosis 55%, schizophrenia 37%, schizophreniform disorder 7%. Higher levels were observed in women than men. The most frequent adverse effects were decreased libido in both groups (79%),

changes in menstruation in women (54%) and erectile dysfunction in men (61%). The group of women had greater intensity in symptoms than the group of men, however men showed greater concern. The greater severe intensity of the hyperprolactinemia adverse effects was associated with olanzapine, moderate intensity associated with paliperidone, being mild in the case of aripiprazole.

Conclusions: In our clinical practice we should suspect situations of infradiagnostic hyperprolactinemia, related mainly to the type and dose of drug used. Future studies will be necessary to optimize the approach to hyperprolactinemia and its adverse effects.

Conflict of interest: No

Keywords: adolescents; antipsychotics; hyperprolactinemia

EPV1139

Psychosocial adjustment in breast cancer patients: adaptivity, coping and self-regulation

S. Petunova^{1*}, E. Lazareva¹, N. Maksimova¹, E. Litvinova¹ and Y. Petunova²

¹Ulianov Chuvash State University, Social And Clinical Psychology Department, Cheboksary, Russian Federation and ²I.M. Sechenov First Moscow State Medical University, Faculty of Medicine, Moscow, Russian Federation

*Corresponding author.

Introduction: Anticancer treatments in breast cancer patients do not always touch the psychological sphere and may be accompanied by the decline in their psychosocial adjustment indices

Objectives: The goal of the research was psychological evaluation of psychosocial adaptation indices in breast cancer patients.

Methods: The study was based on psychological testing of 39 breast cancer female patients during their treatment. We used such psychological instruments as Maklakov & Chermyanin's adaptivity multi-level personality questionnaire, Heim's coping mode inventory, and Morosanova's style of behavior self-regulation questionnaire.

Results: The research proved that half of the breast cancer patients have a decline in mental tolerance (48.7%) and in personality adaptation potential (51.3%). Every fourth patient (25.6%) lacks communication abilities. Every third one is noted by turning to ineffective coping models in the cognitive (35.9%), and behavioral (33.3%) spheres, every fourth (25.6%) – in the emotional sphere. The specificity of self-regulation is characterized by insufficiently developed levels of modelling, programming, independence, and results evaluation, which does not always reflect an adequate evaluation of internal conditions for goal achieving, sequence of actions, and evaluation of results. The general level of deliberate self-regulation of the patients' behavior is average and it corresponds to insufficiently flexible models which depend on other people's opinions.

Conclusions: We relate the impairment of psychosocial adaptation in breast cancer patients with a general decline in their personality adaptation potential, appeal to ineffective stress-coping strategies, and insufficient level of all the links of deliberate behavior self-regulation. Psychotherapy should be directed at developing mechanisms of deliberate self-regulation of their behavior.

Conflict of interest: No

Keywords: self-regulation; breast cancer patients; psychosocial adjustment; Coping

EPV1140

Cognitive behavior therapy for trichotillomania: case report for a “secret” disorder

S. Lahmar

Qatar University, Student Counseling Center, doha, Qatar

Introduction: Trichotillomania is classified as an impulse control disorder in the Diagnostic and Statistical Manual of Mental Disorders. It is characterized by the recurrent pulling out of one's hair, causing a noticeable hair loss. Usually, the social life of the patient is negatively affected by his disorder. Research supports cognitive behavior therapy as an effective treatment for trichotillomania that offers relatively quick response by acquiring the habit reversal training.

Objectives: To report case about hidden trichotillomania that responded well to a behavioral therapy program based on habit reversal and emotion regulation.

Methods: The patient was 33 years-old lady wearing a scarf that covered her hair and neck known as Hijab; her problem had started at the age of twenty two. Initial assessments included a detailed behavioral interview, daily chart of activities, record of hair-pulling behavior with a description of the patient's emotional and situational status during the action. The patient is followed for 4 months and still benefiting from the sessions. During the therapy, we noticed that the social life of the patient wasn't affected by her disorder and the Qatari culture contributed to keeping her disorder as a secret.

Results: The number of pulled hair is reduced to 70% till now, her anxiety and sadness are reduced markedly.

Conclusions: This case shows that trichotillomania does not necessarily have an impact on the patient's social life, but this applies to certain cultures. Therefore, cognitive and behavioral therapy seems to be effective in this case.

Conflict of interest: No

Keywords: cognitive behavior Therapy; Culture; trichotillomania; social life

EPV1141

Auditive working memory 6 months after two mindfulness-based group interventions: acceptance and commitment therapy and a mindfulness-based emotional regulation intervention in anxiety disorders. preliminary results

E. Fernández-Jiménez¹, E. Vidal-Bermejo¹, I.I. Louzao-Rojas^{1*} and A. Hospital-Moreno²

¹La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²La Paz University Hospital, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Promising results are being observed regarding working memory capacity after training in mindfulness. However, there are no randomized controlled trials measuring its change after mindfulness-based interventions in patients with anxiety disorders.

Objectives: To assess changes on auditory working memory after two mindfulness-based group interventions in patients with anxiety disorders.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). 39 adult patients (age range: 21-63) started this study and 17 completed the follow-up measures so far. The group treatments were Acceptance and Commitment Therapy and a Mindfulness-based Emotional Regulation intervention, during 8 weeks, guided by two Clinical Psychology residents. A repeated measures ANOVA was conducted (pre-treatment, post-treatment and 6-month follow-up), with Sidak-correction parametric post hoc tests. Also, the Friedman test and Wilcoxon signed ranks test with Bonferroni-correction was used for non-parametric pairwise comparisons at $p < 0.017$. The dependent variables were the scores on Digit span backward and the Digit span sequence (WAIS-IV).

Results: Normality assumptions were not met for Digit span backward or Digit span sequence. Friedman tests showed no statistically significant change in Digit span backward ($p = 0.270$; partial eta-squared = 0.005; statistical power observed = 6.2%) or in Digit span sequence ($p = 0.612$; partial eta-squared = 0.011; statistical power observed = 7.5%).

Conclusions: These preliminary results show no changes on auditive working memory after participating in both mindfulness-based interventions. A larger sample size is required to confirm this trend and to analyze if the measures used present lack of sensitivity to change.

Conflict of interest: No

Keywords: mindfulness-based interventions; randomized controlled trial; follow-up; auditive working memory

EPV1142

Relationship between attention self-reported and objectively measured in adult patients with anxiety disorders referred to mindfulness-based group interventions

E. Vidal-Bermejo¹, E. Fernández-Jiménez¹, I.I. Louzao-Rojas^{1*} and A. Hospital-Moreno²

¹La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²La Paz University Hospital, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Most neuropsychological studies show a dissociation between the subjective complaints of attention and the results from the objective tests.

Objectives: To determine the relationship between subjective complaints and objective neuropsychological test results of attention in patients with anxiety disorders referred to mindfulness-based group interventions.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). 46 adult patients (age range from 21 to 63) with anxiety disorders completed the pre-treatment measures and 33 out of them completed the post-treatment measures. The group treatments were Acceptance and Commitment Therapy and a Mindfulness-based Emotional Regulation intervention, during 8 weeks, guided by two Clinical Psychology residents. The outcomes were Digit span forward and Longest digit span forward (WAIS-IV), TMT, Stroop and a self-reported item about attention from the WHOQOL-BREF (the higher score, the better self-perceived attention). Pearson correlations were computed and interpreted at $p < 0.05$.

Results: Before treatments, the self-reported measure of attention significantly correlated with the Longest digit span forward ($r = .307$; $p = .038$), Stroop Word ($r = .337$; $p = .022$), Stroop Interference ($r = .320$; $p = .032$) and TMT-A ($r = -.399$; $p = .006$). At the post-treatments, the self-reported measure of attention only significantly correlated with TMT-A ($r = -.345$; $p = .049$). These results show that the better self-perceived attention, the better performance in such objective tests.

Conclusions: In patients with anxiety disorders the self-reported complaints of attention converge with objective results of the neuropsychological tests. However, after both mindfulness-based interventions this association is weaker.

Conflict of interest: No

Keywords: mindfulness-based interventions; self-reported cognition; objective neuropsychological test; attention

EPV1143

Cognitive behavioral therapy approach in affective disorders patients

B. Mykhaylov* and O. Kudinova

Kharkiv Medical Academy Postgraduate Education, Psychotherapy, Kharkiv, Ukraine

*Corresponding author.

Introduction: Cognitive behavioural methods of psychotherapy. Its highly important due to increase of anxiety, depression and panic disorders.

Objectives: To determine the features of clinical dynamic in affective disorders patients with ongoing CBT.

Methods: There were examined 60 anxiety disorder and 60 depressive patients. There were 12 CBT sessions different CBT modification were provided.

Results: The first group of patients have a wore severe psychopathological manifestation and less symptoms reduction. The second group of patients have a lesser depth of depressive – anxiety effect with more positive symptoms reduction.

Conclusions: The results prove the relevance of positive approach of CBT especially due to personal psychological adaptation system.

Conflict of interest: No

Keywords: Cognitive behavioral therapy; affective disorders; panic disorder

EPV1144

On alexithymia. acceptance and commitment therapy versus a mindfulness-based emotional regulation intervention in anxiety disorders. a randomized controlled trial: the rem-act study

E. Fernández-Jiménez¹, E. Vidal-Bermejo¹, M. Peñalver-Alonso^{1*} and A. Hospital-Moreno²

¹La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²La Paz University Hospital, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Alexithymia is a personality construct that encompasses difficulties in identifying feelings and differentiating between

feelings and the somatic sensations associated with emotional arousal. Mindfulness-based interventions could improve this disturbance in processing affective information.

Objectives: To compare the effectiveness of Acceptance and Commitment Therapy (ACT) versus a Mindfulness-based Emotional Regulation (MER) intervention on alexithymia in patients with anxiety disorders.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). Firstly, 52 adult patients with anxiety disorders were randomized according to the score on the Acceptance and Action Questionnaire-II (blocking factor), of whom, 39 patients decided to participate (age range: 21-63; 26 females). Each intervention was weekly, during 8 weeks, guided by two Clinical Psychology residents. A 2x2 mixed ANOVA (pre-post change x intervention type) was conducted, with Sidak-correction post hoc tests. The dependent variable was the total score on the Toronto Alexithymia Scale 20-item (TAS-20).

Results: Normality and homoscedasticity assumptions were met. No statistically significant differences between interventions were observed on the pre-treatment score ($t(36.70) = 0.68, p = 0.50$). No statistically significant interaction effect was observed. A main effect pre-post change was statistically significant [$F(1, 30) = 23.45, p = 0.00$, partial eta-squared = 0.44, statistical power observed = 99.7%]. Both interventions reduced similarly, with a large effect size, the alexithymia level after treatment.

Conclusions: These preliminary results show a relevant improvement in processing affective information in patients with anxiety disorders after both mindfulness-based interventions. A larger sample size is required to confirm these results.

Conflict of interest: No

Keywords: Acceptance and Commitment Therapy; Mindfulness-based Emotional Regulation; randomized controlled trial; Alexithymia

EPV1145

Cognitive flexibility 6 months after two mindfulness-based group interventions: acceptance and commitment therapy and a mindfulness-based emotional regulation intervention in anxiety disorders. preliminary results

E. Fernández-Jiménez, E. Vidal-Bermejo, M. Peñalver-Alonso* and A. Hospital-Moreno

La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Cognitive flexibility is a key construct related to mindfulness. However, there are no randomized controlled trials about mindfulness-based interventions addressing it as an endpoint in patients with anxiety disorders.

Objectives: To assess changes on cognitive flexibility after two mindfulness-based group interventions in patients with anxiety disorders.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). 39 adult patients (age range: 21-63) started this study and 17 completed the follow-up measures so far. The group treatments were Acceptance and Commitment Therapy and a Mindfulness-based Emotional Regulation intervention, during 8 weeks, guided by two Clinical Psychology residents. A

repeated measures ANOVA was conducted (pre-treatment, post-treatment and 6-month follow-up), with Sidak-correction parametric post hoc tests. Also, the Friedman test and Wilcoxon signed ranks test with Bonferroni-correction was used for non-parametric pairwise comparisons at $p < 0.017$. The dependent variable was the score on the TMT-B (seconds).

Results: The normality assumption was not met. Statistical power observed = 23.0%. The Wilcoxon test showed statistically significant change between pre-treatment and post-treatment ($p = 0.013$; Cohen's $d = 0.003$), and between pre-treatment and follow-up ($p = 0.010$; Cohen's $d = 0.610$). No statistically significant change was observed between post-treatment and follow-up ($p = 0.192$; Cohen's $d = 0.345$).

Conclusions: These preliminary results show null change immediately after treatment completion of both mindfulness-based interventions, but moderate improvement in cognitive flexibility at the 6-month follow-up in comparison to the pre-treatment. However, a larger sample size is required to confirm these results.

Conflict of interest: No

Keywords: mindfulness-based interventions; follow-up; Cognitive Flexibility; randomized controlled trial

EPV1146

Stroop effect 6 months after two mindfulness-based group interventions: acceptance and commitment therapy and a mindfulness-based emotional regulation intervention in anxiety disorders. preliminary results

E. Fernández-Jiménez¹, E. Vidal-Bermejo¹, M. Peñalver-Alonso^{1*} and A. Hospital-Moreno²

¹La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²La Paz University Hospital, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: There are no studies addressing the effect of training mindfulness on the executive function of inhibition in patients with anxiety disorders.

Objectives: To assess changes on inhibitory control and visual processing speed after mindfulness-based group interventions in patients with anxiety disorders.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). 39 adult patients (age range: 21-63) started this study and 17 completed the follow-up measures so far. The group treatments were Acceptance and Commitment Therapy and a Mindfulness-based Emotional Regulation intervention, during 8 weeks, guided by two Clinical Psychology residents. A repeated measures ANOVA was conducted (pre-treatment, post-treatment and 6-month follow-up), with Sidak-correction parametric post hoc tests. Also, the Wilcoxon signed ranks test with Bonferroni-correction was used for non-parametric pairwise comparisons at $p < 0.017$. The dependent variables were the three scores on the Stroop test: Word, Color and Interference.

Results: Normality assumptions were met for Color and Interference, but not for Word. A statistically significant change in Interference was observed [$F(2, 32) = 5.190, p = 0.011$, partial eta-squared = 0.245, statistical power observed = 79.1%], specifically between pre-treatment and follow-up ($p = 0.034$). The Wilcoxon test showed statistically significant change in Word between

pre-treatment and follow-up ($p = 0.011$; Cohen's $d = 0.633$) and in Color between pre-treatment and post-treatment ($p = 0.015$; Cohen's $d = 0.143$).

Conclusions: These preliminary results show moderate improvement in visual processing speed and large increase in inhibitory control at the 6-month follow-up in comparison to the pre-treatment after both mindfulness-based interventions.

Conflict of interest: No

Keywords: mindfulness-based interventions; randomized controlled trial; follow-up; Stroop effect

EPV1147

Attentional function 6 months after two mindfulness-based group interventions: acceptance and commitment therapy and a mindfulness-based emotional regulation intervention in anxiety disorders. preliminary results

E. Fernández-Jiménez¹, E. Vidal-Bermejo¹, M. Peñalver-Alonso^{1*} and A. Hospital-Moreno²

¹La Paz University Hospital. IdiPAZ, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ²La Paz University Hospital, Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: There are no randomized controlled trials measuring the effect on attention after mindfulness-based interventions in patients with anxiety disorders.

Objectives: To assess changes on auditive and visual attention after two mindfulness-based group interventions in patients with anxiety disorders.

Methods: This study was carried out in a Mental Health Unit (Colmenar Viejo, Madrid). 39 adult patients (age range: 21-63) started this study and 17 completed the follow-up measures so far. The group treatments were Acceptance and Commitment Therapy and a Mindfulness-based Emotional Regulation intervention, during 8 weeks, guided by two Clinical Psychology residents. A repeated measures ANOVA was conducted (pre-treatment, post-treatment and 6-month follow-up), with Sidak-correction parametric post hoc tests. Also, the Friedman test and Wilcoxon signed ranks test with Bonferroni-correction was used for non-parametric pairwise comparisons at $p < 0.017$. The dependent variables were the scores on TMT-A, Digit span forward and Longest digit span forward (WAIS-IV).

Results: Normality assumptions were met for TMT-A, but not for Digit span forward or Longest digit span forward. A statistically significant change in TMT-A was observed [$F(2, 32) = 14.496$, $p = 0.000$, partial eta-squared = 0.475, statistical power observed = 99.8%], specifically in pre- versus post-treatment ($p = 0.023$), and pre-treatment versus follow-up ($p = 0.000$). Friedman tests showed no statistically significant change in Digit span forward ($p = 0.787$) or Longest digit span forward ($p = 0.433$).

Conclusions: These preliminary results show large improvement in visual attention and visuomotor tracking speed, but not in auditive attention, at the 6-month follow-up in comparison to the pre-treatment.

Conflict of interest: No

Keywords: mindfulness-based interventions; randomized controlled trial; follow-up; attention

EPV1148

Psychological therapies targeting negative symptoms in schizophrenia: a systematic review

M. Petrescu*, C. Tudor and D. Vasile

"Dr. Carol Davila" Central Military Emergency University Hospital, Department of Psychiatry, Bucharest, Romania

*Corresponding author.

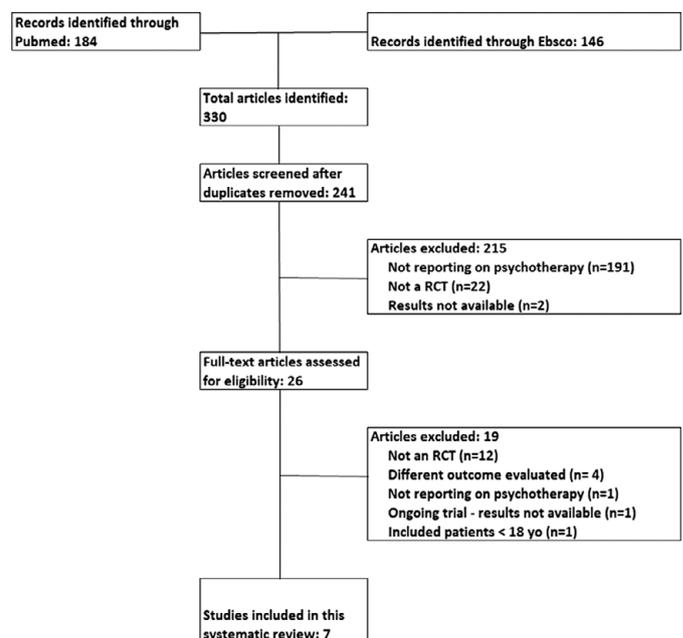
Introduction: Negative symptoms occur throughout the course of schizophrenia with a high estimated prevalence. Poor quality of life has been reported among patients presenting with significant and persistent negative symptoms. Additionally, these symptoms also have an adverse impact on functional and social outcomes in patients with schizophrenia and represent an unmet therapeutic need.

Objectives: The aim of this systematic review was to evaluate the effectiveness of psychological therapies in reducing negative symptoms in patients with schizophrenia.

Methods: Randomized controlled trials focusing on such psychological interventions were systematically searched across two electronic databases (PubMed and Ebsco Host). Publications identified were then screened for eligibility using predefined inclusion criteria. All trials were assessed for risk of bias.

Results: Seven studies were included in our analysis (Figure 1 illustrates the decisional process). Among outpatients with schizophrenia, integrated neurocognitive therapy was found to improve negative symptoms, whilst cognitive behavioural therapy was reported as ineffective. Occupational therapy and animal assisted therapy lead to negative symptoms remission among inpatients with schizophrenia. The present review identified mixed findings regarding body psychotherapy. Studies included in this review emphasized the vast heterogeneity regarding therapy alternatives, patient characteristics and methodological aspects which hindered the possibility of complex analysis.

Conclusions: Certain psychological interventions can significantly reduce negative symptoms in patients with schizophrenia, whilst others have a limited capacity in this regard. Psycho-social treatments should be considered in the management of negative



symptoms among both in- and out-patients with schizophrenia. However, a more standardized methodology is needed for a comprehensive assessment of these therapy modalities.

Conflict of interest: No

Keywords: negative symptoms; psychotherapy; psychological intervention; schizophrenia

EPV1150

An introduction to the concept of sensory and genetic memory codes in mental health

S. Sluiter

Susan Sluiter Clinical Psychologist, Psychology, South, South Africa

Introduction: I have developed the concept of Sensory and Genetic Memory Codes (SGMC) by using memory processing in psychotherapy. Summary An amalgamated Sensory Memory code is calculated for every fraction of sensory input. They drive every moment of our spontaneous thoughts, feelings, and behaviour. My theory explains how this affects mental health. It produces emotional mind intentions which cannot be altered through rational mind intentions. SGMC explains how: traumatic experiences in childhood will in some cases only cause symptoms in adulthood. the effects of negative emotional experiences will in some cases resolve spontaneously and in other cases not memory processing results in the resolution of symptoms and issue. our willpower fails to alter spontaneous unwanted responses

Objectives: The concept of SGMC, could result in a paradigm shift in the field of mental health.

Methods: The theory is based on nine years of empirical evidence that memory processing is an effective psychotherapy tool. The concept of SGMC was developed through years of observation on how memories affect our functioning.

Results: I have nine years of case studies on the efficacy of memory processing. SGMC is a new concept which I have developed based on observing the efficiency of memory processing. I would value the opportunity to present this new concept to the field of psychology, psychiatry, and psychotherapy at the conference.

Conclusions: I have developed a concept called Sensory and Genetic Memory Codes, through my experience with working with memories in psychotherapy, and would like the opportunity to present it.

Conflict of interest: No

Keywords: who is susan sluiter; Trauma Looking Through the Trauma Lens

EPV1152

Gratification disorder – a case report in the light of transgenerational family therapy

B. Almeida^{1*}, P. Magalhães² and M.J. Pereira²

¹Hospital de Magalhães Lemos, Psychiatry, Porto, Portugal and

²Centro Materno-Infantil do Norte, Centro Hospitalar e Universitário do Porto, Child And Adolescent Psychiatry, Porto, Portugal

*Corresponding author.

Introduction: Transgenerational Family Therapy (TFT) is a type of family therapy where the interactions across generations are used to understand and treat current problems within the family.

Objectives: In the light of TFT, we present a case report of Gratification Disorder, in a monoparental family.

Methods: We conducted both individual and family psychotherapeutic sessions.

Results: The child, a girl with six years old, was referred to our Child and Adolescent Psychiatry Department, because of masturbatory behaviours since she was three years old. The features, frequency and the disability associated, fulfilled the diagnosis of Gratification Disorder. Her mother was very preoccupied, overprotective and hypervigilant to the child behaviours and speech; it seemed to the mother that her daughter had seductive and sexual manners towards male adults. Exploring the mother personal history, she revealed she was sexually abused by her stepfather between her 10 and 15 years old. It was a secret until three years ago, when, in the middle of a family quarrel, she revealed the sexual assault to her mother and half-brothers. However, surprisingly for her, they didn't believe and blamed her for the abuses. Around this time, the child started the masturbatory behaviours. Through individual sessions (with the child and the mother), the mechanisms of introjection, the splitting of good and bad objects, the projection of the mother and the projective identification of the child, were explored. The child masturbatory behaviours significantly diminished.

Conclusions: The family system and its transgenerational aspects were valuable tools in the conceptualization and treatment of our case report.

Conflict of interest: No

Keywords: family therapy; sexual abuse; Transgenerational; Gratification Disorder

EPV1153

Experience in the psychotherapy unit (ufip) of la paz university hospital.

L. Navarro Morejón¹, A. Piña Baena², E. Martínez Parreño³, M. Torrijos⁴, C. Rocamora González⁵ and Á. Palao^{6*}

¹Hospital Universitario de Canarias, Psychiatry, La Laguna, Spain;

²Hospital Universitario Virgen Macarena, Psychiatry, Sevilla, Spain;

³Complejo Hospitalario de Navarra, Psychiatry, Pamplona, Spain;

⁴Psychiatry and Mental Health Department La Paz Hospital.,

Psychiatry, MADRID, Spain; ⁵Hospital Universitario La Paz,

Psiquiatria, Madrid, Spain and ⁶HOSPITAL UNIVERSITARIO LA

PAZ, Psiquiatria, MADRID, Spain

*Corresponding author.

Introduction: The UFIP (Psychotherapy Unit) is a healthcare resource integrated in the Psychiatry, Clinical Psychology and Mental Health Service of La Paz University Hospital in Madrid, in which the focus on resident's training and research is also very important. Specifically, UFIP develops a training program in psychotherapy from an integrative perspective.

Objectives: The aim of this specific unit is to provide brief psychotherapeutic attention to patients, carried out by residents of Psychiatry and Clinical Psychology who engage in this rotation.

Methods: This is a descriptive study of a sample of patients with cancer undergoing psychotherapy sessions conducted by residents of the UFIP, in the Psycho-Oncology Unit, between September and November 2019

Results: In the UFIP, both cancer patients and their families are treated, as well as patients with chronic pain. From this sample, only

oncologic patients (50%) were selected, with a predominance of women (89%) versus men (11%) and a mean age of 50 years (30-82). The more prevalent therapeutic focus was the management of the disease (100%), although other focuses were also addressed, to a lesser extent, such as the relationship with health personnel, communication with their families, grieving situations or the re-introduction to their work activity with short therapies lasting between 6 and 12 sessions.

Conclusions: In conclusion, we want to emphasize the beneficial work of the UFIP, not only in the psychotherapy training of residents (including case supervision sessions and important clinical skills training) but also in taking care of cancer patients and their families (using both individual and group therapy).

Conflict of interest: No

Keywords: Psychotherapy; Oncology; Psychooncology; UFIP

Quality management

EPV1155

Analysis of a hospital discharge questionnaire in a short psychiatric hospitalization.

J. Herrera Imbroda^{1*}, S. Santiago González¹ and F.I. Ruiz Rodríguez²

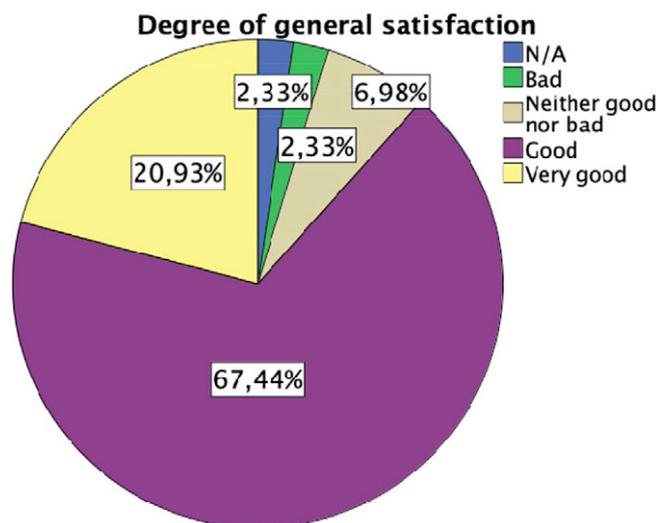
¹Hospital Regional Universitario Málaga, Mental Health, Plaza del Hospital Civil, s/n, Spain and ²Hospital Universitario Virgen de la Victoria, Pharmacy, Málaga, Spain

*Corresponding author.

Introduction: Perceived quality of care is considered one of the pillars of health management today (1). The results of a hospital discharge questionnaire from a short psychiatric hospitalization unit in Spain are presented.

Objectives: Analyze a sample of interviews.

Methods: 43 patients were interviewed through a questionnaire, between 17 June and 30 August 2019, that collected 21 items which could be scored in 5 different categories: "very bad", "bad", "neither good nor bad", "good" and "very good". A statistical analysis in the



*Figure 1

SUBGROUP OF PATIENTS	HIGHEST RATED CATEGORY	LOWEST RATED CATEGORY
General (n = 43)	Attitude of doctors to care for you (μ = 4,6047)	Intimacy (μ = 3,7907)
Men (n = 23)	Attitude of doctors to care for you (μ = 4,6087)	Intimacy (μ = 3,7391)
Women (n = 18)	Attitude of doctors to care for you (μ = 4,5556)	Rooms (μ = 3,7778)
Age 15-45 (n = 15)	Attitude of doctors to care for you (μ = 4,5333)	Rooms (μ = 3,6000)
Age >45 (n = 27)	Attitude of doctors to care for you (μ = 4,6667)	Intimacy (μ = 3,8519)

*Table 1

SPSS Statistics computer package described the frequencies of occurrence of each response. To calculate the best and worst items valued in general and by subgroups (sex and age group) the variables were recoded on an ascending scale of 1 to 5 following the order above and the means were calculated for each item. Finally, the association between general satisfaction and sex and age group was calculated through Mann-Whitney U test and Spearman's rank correlation coefficient respectively.

Results: - Figure 1 shows the percentages of each possible response of the final item "degree of general satisfaction". Table 1 shows the best and worst rated items in general and based on subgroups. - No statistically significant differences were found in the above-mentioned tests for the item "general satisfaction" depending on sex and age group (p-value of 0,709 and 0,706 respectively).

Conclusions: The patients interviewed generally presented an adequate perceived quality of care, although they agree to score lower aspects that would need to be improved.

Conflict of interest: No

Keyword: quality satisfaction

EPV1157

Compliance with renal function monitoring in patients on lithium and its influence on the clinical decision-making process at an adult community mental health team

E. Sacristan Alonso^{1*}, E. Dabup², E. Corr², R. Sheridan², T. Mcentergart² and R. Cullivan²

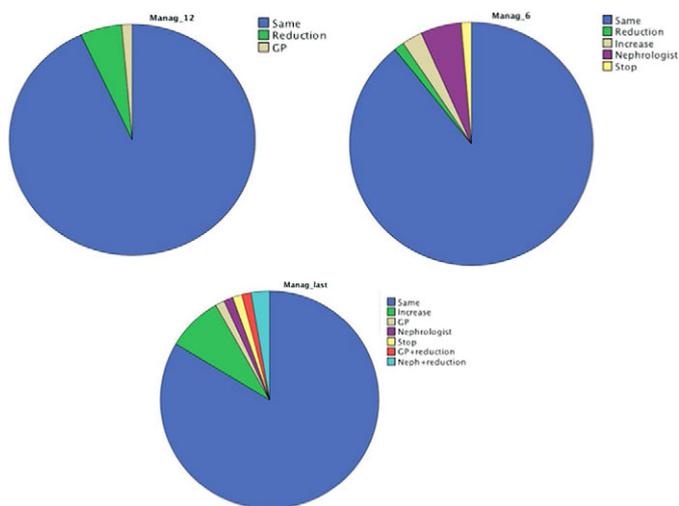
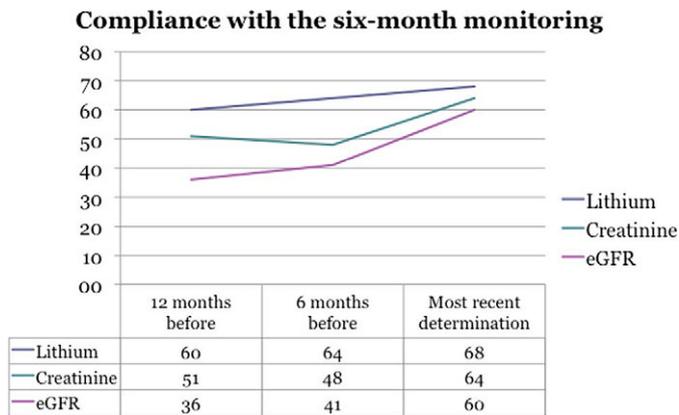
¹HAMAD MEDICAL CORPORATION, Psychiatry, DOHA, Qatar and ²HSE, Cavan-monaghan Mental Health Services, Dublin, Ireland
*Corresponding author.

Introduction: Lithium is a known cause of end-stage renal disease. NICE guidelines recommend biannual estimated Glomerular Filtration Rate (eGFR) monitoring in all patients on lithium. However, there is not enough clarity as to what clinical decisions should be made depending on eGFR values.

Objectives: To explore eGFR monitoring provider's compliance and its clinical decision-making based on kidney function in patients on lithium

Methods: An observational retrospective study was designed that included all patients on lithium attending our Community Mental Health Team (CMHT), in 2017. Socio-demographics and clinical data, sequential lithium, Creatinine and eGFR serum values were reviewed. Decision-making was assessed in terms of changes in the treatment and referrals to GP or Nephrologist

Results: A total of 74 patients were included. Mean age was 56 and 70% had been on lithium for more than 10 years. Provider compliance with lithium levels and kidney function monitoring is shown in graph 1. An increased variety of clinical decisions based on the eGFR results were found in the period of study, leading to more referrals to GP and nephrologist, as shown in picture 1. Graph1. Compliance graph Picture 1: Decision-making



Conclusions: An improvement in lithium, creatinine and eGFR monitoring was found in our centre for the period of study. There was significant variability in the decision-making based on eGFR and creatinine levels. A more detailed recommendation/protocol in the NICE guideline is crucial to improve precision in the clinical decision-making process that involves correct monitoring and management.

Conflict of interest: No

Keywords: lithium; Guideline; eGFR; monitoring

EPV1158

Changes in patient satisfaction questionnaire responses following the modification of the program delivery to group-based didactic treatment approach.

A. Samokhvalov^{1*}, N. Csuzdi², J. Costello³, B. Furlong⁴, S. Sousa³ and J. Mackillop⁵

¹Homewood Health Centre, Comprehensive Psychiatric Care, Guelph, Canada; ²Homewood Health Centre, Quality Management And Outcomes, Guelph, Canada; ³Homewood Research Institute, Evaluation General, Guelph, Canada; ⁴Homewood Health Centre, Chief Of Staff, Guelph, Canada and ⁵McMaster University, Department of Psychiatry, Hamilton, Canada
*Corresponding author.

Introduction: Patient satisfaction questionnaires (PSQ) are a widely used quality improvement tool. At Homewood Health Centre (HHC), we use PSQ to monitor the perceived quality of care on several levels. In 2017, a significant change in care delivery model occurred with a shift of the focus towards mostly group-based, didactic modalities.

Objectives: The goal of this study is to evaluate the changes in patient satisfaction levels corresponding to program change.

Methods: Patient satisfaction questionnaires. Descriptive statistics. Contingency tables.

Results: PSQ data as well as the administrative data were collected for the period between January 2016 and March 2019, which included the data for 296 and 255 respondents prior and post-program change respectively (Table 1). There was a significant drop in questionnaire completion rate from 87.8% to 56.8% (p<0.00001). There were no statistically significant changes in the overall program quality appreciation and specific items such as program meeting patients' needs and its role in their recovery. At the same time respondents were less likely to recommend the program to others (X²=12.26, p=0.016) or considering another course of treatment (X²=13.43, p=0.009) after the program change occurred.

Table 1. Responses to select patient satisfaction questionnaire items before and after program change

Question	Number of responses (%)	Responses					X ² (p value)
		Strongly agree	Agree	Disagree	Strongly Disagree	Don't know	
Number of responses in this category (%)							
Program met my needs							4.47 (p=0.346)
Before program change	291 (86.4%)	81 (27.8%)	165 (56.7%)	24 (8.2%)	15 (5.2%)	6 (2.1%)	
After program change	250 (55.7%)	59 (23.6%)	140 (56.0%)	32 (12.8%)	11 (4.4%)	8 (3.2%)	
The program contributed to your recovery							7.38 (p=0.117)
Before program change	275 (81.6%)	152 (55.3%)	96 (34.9%)	15 (5.5%)	7 (2.5%)	5 (1.8%)	
After program change	248 (55.2%)	116 (46.8%)	96 (38.7%)	13 (5.2%)	11 (4.4%)	12 (4.8%)	
I will recommend this program to others							12.26 (p=0.016)
Before program change	293 (86.9%)	190 (64.8%)	58 (19.8%)	23 (7.8%)	14 (4.8%)	8 (2.7%)	
After program change	244 (54.3%)	134 (54.9%)	72 (29.5%)	23 (9.4%)	14 (5.7%)	1 (0.4%)	
I will come back if needed							13.43 (p=0.009)
Before program change	293 (86.9%)	168 (57.3%)	63 (21.5%)	30 (10.2%)	20 (6.8%)	12 (4.1%)	
After program change	250 (55.7%)	112 (44.8%)	80 (32.0%)	37 (14.8%)	11 (4.4%)	10 (4.0%)	
Overall program quality							6.98 (p=0.137)
Before program change	293 (86.9%)	160 (54.6%)	102 (34.8%)	16 (5.5%)	10 (3.4%)	5 (1.7%)	
After program change	248 (55.2%)	109 (44.0%)	104 (41.9%)	21 (8.5%)	8 (3.2%)	6 (2.4%)	

Conclusions: The change in service delivery model resulted in significantly lower response rate. Patients were less likely to envision recommending treatment to others or receiving another treatment course while their overall appreciation of the program remained unchanged.

Conflict of interest: No

Keywords: Patient Satisfaction Questionnaire; Quality Improvement; Program Change

EPV1159

Interest of the biological assessment of entry into the screening of comorbidities

A. Ben Hamadi^{1*}, H. Ben Ammar¹, J. Hamdoun¹, E. Khelifa², A. Aissa³ and E.H. Zouhaier³

¹Razi hospital, Psychiatry F, Manouba, Tunisia; ²University of Tunis El Manar- Faculty of medicine of Tunis, Psychiatry - Razi Hospital, Tunis, Tunisia and ³Razi Hospital, F Department, Tunis, Tunisia
*Corresponding author.

Introduction: The concomitant existence of a somatic disorder with a psychiatric pathology is found in 30 to 60% of patients hospitalized in psychiatry and it's well studied that one of the challenges faced by the psychiatrists is not to miss out on given the implications of such a find. However, in almost one in two cases, these comorbidities are not detected.

Objectives: The aim of this study is to evaluate the interest of admission blood sampling analyses for the detection of somatic comorbidity.

Methods: A retrospective, case-control study was conducted between October 2018 and September 2019 and interested patients admitted in the "F" psychiatry men Department of RAZI Hospital and discharged during this period. Laboratory tests (blood cell count, glucose, total cholesterol, HDL-cholesterol, LDL-cholesterol, triglycerides, sodium, potassium, chlorine, urea, creatinine, alanine aminotransferase, aspartate aminotransferase, gamma glutamyltransferase, alkaline phosphatase, and TSH) were determined in admission blood samples from patients admitted during the period of the study.

Results: Among 218 admissions 154 (71%) patients were male; the mean age was 39,17±12.85 years and for 34.9% of patients there was their first hospitalization. The main diagnosis was schizophrenia. For 58 of the 218 blood samples included (27%), at least one biological abnormality was detected. None of them had used glucose or cholesterol lowering drugs before the blood sampling.

Conclusions: This study confirms the high frequency of somatic disorders in hospitalized psychiatric patients and shows that an admission biological check-up would likely improve their screening and as a result provide a better care management.

Conflict of interest: No

Keywords: biological assessment; comorbidities

Rehabilitation and psychoeducation

EPV1160

Multidisciplinary approach for patient with aphasia: combined speech- language therapy, psychological, and sociological treatments forward progression of self-management, self-efficacy and motivation. a case study

T. Ahmed*

Private, Speech-language Pathology & Psychology, Salmiya, Kuwait

Introduction: Patients with aphasia first concern losing are communication and social life. They have challenging in many areas of rehabilitation: verbal communication and activities involving in daily life, self- management, self-efficacy and motivation. The extent of recovery is independent of many factors such as severity of the brain damage region, age, education and/or profession and sociocultural background. Furthermore, they are at risk of developing depression, mood disorders, emotional distress and social isolation.

Objectives: The purpose of this study was to investigate the effect of multidisciplinary approach for patient with aphasia by combined speech- language therapy, psychological, sociological and occupational therapy in the same session to enhance progression of self-management, self-efficacy and motivation with low cost fees.

Methods: case study is young woman has 38yrs.old, married and had two children had involved in intensive therapy from second day after admitted at hospital. Multidisciplinary approaches program for: speech-language, occupation, social support and psychotherapy had adopted for three-times per week for one-year. Furthermore, medication and physiotherapy followed by professions. Our therapeutic program takes three stages to reach to goals.

Results: showed significant improvement to our goals with the multidisciplinary approaches program and during all stages. Raising self- management, self-efficacy and motivation in patients with aphasia are best solutions to rebuild normal social communication; emotion control, cognitive skills, as well as social factors are significant for rehabilitation.

Conclusions: Facilitate successful engagement and interest from professionals believes, patient self- management, self-efficacy and motivation and as well as their families helping for fostering treatment goals.

Conflict of interest: No

Keywords: Speech; Language therapy; Psychology; Self-management & Efficacy; Motivation

EPV1166

The model of psychosocial and psychotherapeutic care to relatives of the mentally ill

T. Solokhina

FSBSI Mental Health Research Center, Moscow, Russia, Department of Mental Health Services, Moscow, Russian Federation

Introduction: Relatives of patients with severe mental disorders, including schizophrenia, constitute a population group that has its specific characteristics: psychological, emotional and financial burden, difficulties in accepting the mental illness of a family member and necessity of treatment. It is well known that the overprotection, criticism, hostility within families of psychiatric patients contribute to relapses of mental disorders. This indicates the necessity in supporting relatives with their own needs and their functions of caring the mentally ill family members.

Objectives: Development of the model of psychosocial and psychotherapeutic care to relatives of patients with schizophrenia and evaluation of its effectiveness.

Methods: Psychological (SCL-90-R, SF-36, SAS-SR et al.), statistical.

Results: The proposed model of complex care includes such modules as the psychoeducation, individual and family psychological counseling, trainings aimed at developing the necessary skills in relatives, group-analytical psychotherapy, involvement in public organizations and support groups. More than 400 relatives of patients with schizophrenia have received psychosocial and psychotherapeutic care. The effectiveness of the developed model has been proved. There was a statistically significant improvement in the psychological status of relatives, their compliance, the quality of life, forming the adaptive coping strategies, expanding social networks, reducing social isolation, etc.

Conclusions: Supporting relatives of psychiatric patients should be comprehensive and constitute an important part of therapeutic process. The importance of this of work is based on understanding the influence of family environment on the course of schizophrenia and awareness of the consequences of disease for all family members.

Conflict of interest: No

Keywords: schizophrenia; Effectiveness; relatives; care

EPV1167

Pilot study about the efficacy of the ensemble (together) program: a tailored intervention for informal caregivers of people with severe psychiatric disorders

H. Wilquin^{1*}, L. Plessis¹ and S. Rexhaj²

¹Aix-Marseille Université - Maison de la Recherche, Laboratoire LPCPP EA 3278, Bureau 1.43, Clinical Psychology, Aix-en-Provence, France and ²Institut et Haute Ecole de la Santé, La Source, Nursing School, Lausanne, Vaud, Switzerland

*Corresponding author.

Introduction: The demands of the informal caregiver role can have negative consequences on their everyday life. Recent studies have indicated that this role is related to a lower health state and reduced quality of life, which are associated with higher caregiver burden as well as poorer patient outcomes.

Objectives: To evaluate the efficacy of a new tailored intervention for informal caregivers: the Ensemble (Together) program, compared to support as usual (SAU).

Methods: A randomized controlled trial was performed on 18 informal caregivers of people with psychiatric disorders. Participants were randomized to receive one of two supports in an eight weeks period: Ensemble or SAU. Participants were assessed through 5 instrument tools: the ZARIT scale, the Brief Symptom Inventory, the Life Orientation Test, the Short-Form 36 scale and the Social and Occupational Functioning Assessment Scale. Assessments were completed by all participants three times: pre-post intervention and a 2 months follow-up. Scores of the two groups were then compared with regards to change over time for each of the variables using a mixed-model ANOVA with one between-subject factor (intervention) and one within-subject factor (time).

Results: The preliminary results showed that the psychological health of informal caregivers following the Ensemble program is improved at the end of the intervention, as well as in comparison with the SAU group

Conclusions: These preliminary results regarding the efficacy of the tailored Ensemble program suggest that individualized brief interventions for informal caregivers are particularly pertinent during both the acute and chronic phases of the disease.

Conflict of interest: No

Keywords: Informal caregivers; Tailored intervention; Randomized controlled trials; psychiatric disorders

EPV1168

Severe neurotrauma in children: a typology of mental disorders in minimal consciousness

A. Zakrepina^{1*} and Y. Sidneva²

¹Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPST), Institute of Special Education of the Russian Academy of Education, Moscow, Russia, Department of Recovery Treatment And Rehabilitation, Moscow, Russian Federation and

²Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPST), Department of Recovery Treatment And Rehabilitation, Moscow, Russian Federation

*Corresponding author.

Introduction: Severe neurotrauma in childhood is a serious cause of developmental disorders. The interdisciplinary participation of

specialists in the rehabilitation of children after severe neurotrauma contributes to mental activity restoration prognosis, rehabilitation effectiveness and post-traumatic effects reduction.

Objectives: Mental activity study on the minimum consciousness level.

Methods: Materials: 104 children under 18 with severe neurotrauma admitted for treatment and rehabilitation at CRIEPST. Methods: psychopathological and educational methods; assessment of consciousness and mental activity.

Results: 2 groups of children identified in the minimum consciousness depending on differentiating signs (recovery rate; emotional, motor and cognitive processes severity; reactions; responses to stimulation): Group 1: 37 children (35.5%) with high values of mental activity and disturbances in emotional, motivational, neurodynamic and cognitive levels, with understanding and following simple instructions - the minimum consciousness "+". Group 2: 67 children (64.5%) with average values of mental activity and mental disorders in the emotional-motivational, neurodynamic and cognitive levels, with a pronounced limitation in understanding and performing simple instructions, the minimum consciousness is "-".

Conclusions: Despite approximate similarity of mental disorders on the emotional, motivational, neurodynamic and cognitive levels, different rates and recovery potential with greater efficiency discovered in the first group. Analysis of mental activity allows applying a differentiated approach to the interdisciplinary rehabilitation tasks. References: Sposob otsenki psikhicheskoy aktivnosti detey s tyazhelyoy cherepno-mozgovoy travmoy. / Zakrepina A.V., Bratkova M.V., Mamontova N.A./ Svidetel'stvo o gosudarstvennoy registratsii bazy dannykh № 2681712. Data registratsii v Reyestre-bazdannykh 12.03.2019.(InRuss.).

Conflict of interest: No

Keywords: mental activity; children rehabilitation; severe brain injuries; minimal consciousness

EPV1169

Educational approach for children with intellectual disorders

E. Strebeleva, A. Zakrepina*, E. Kinach and T. Butusova

Institute of Special Education of the Russian Academy of Education, Laboratory For The Education And Training Of Children With Mental Retardation, Moscow, Russian Federation

*Corresponding author.

Introduction: Remedial education of children with intellectual disabilities is a challenging problem of modern education. Underdevelopment of cognitive processes makes it difficult to assimilate the educational program, adaptation and interaction with the environment. Ways of learning form the basis of cognition.

Objectives: To identify ways of teaching children with intellectual disabilities at the initial stage of school education.

Methods: Material: The research sample consisted of primary school children: 127 children from 7 to 8 years old with intellectual disabilities. Methods: observation of the child; psychological and pedagogical examination [1].

Results: Three groups of children identified: group 1 (40%): children understanding the teacher's instruction. The teaching approach based on independent actions. In group 2 (52%) children partially understood the instruction, performed tasks after assistance. The approach based on demonstration and sample example.

In group 3 (8%) children did not understand the instruction, performed tasks after additional explanation. The approach based on joint actions with the teacher.

Conclusions: Different approaches to teaching were identified: independent actions, demonstration and sample example, joint actions. Teaching methods improve classroom work methods and help to adapt the educational content. Literature: 1. Strebeleva E.A., Zakrepina A.V. Methods of pedagogical examination of first-graders with mental retardation // Defectology, 2018 - №2. - p. 65-75. [Strebeleva Ye.A., Zakrepina A.V. Metodika pedagogicheskogo obsledovaniya pervoklassnikov s umstvennoy otstalost'yu // Defektologiya, 2018 - №2. - S. 65-75]

Conflict of interest: No

Keywords: remedial education; intellectual impairment; cognitive activity; mentally disabled children

EPV1170

Self autonomy in preschool children with intellectual deficiency

T. Butusova and A. Zakrepina*

Institute of Special Education of the Russian Academy of Education, Laboratory For The Education And Training Of Children With Mental Retardation, Moscow, Russian Federation

*Corresponding author.

Introduction: Self autonomy is an important personal achievement expanding possibilities of cognition and adapting the child to school. It has particular traits in children with mental deficiency and requires special educational methods.

Objectives: Study of independent playing skills in preschool children with intellectual disabilities.

Methods: 78 children aged 5-6 years old with different levels of cognitive development. Observation, parents and teachers surveys.

Results: Three groups of children were distinguished by independent playing skills level: Group 1 (8%) - children showed interest in games with rules, acted according to the rules, evaluated their own and peer actions and explained the rules of the game. Group 2 (35%) - children showed interest in the game, but did not always act according to the rules until the end of the game, found it difficult to evaluate their actions and peer actions, could not explain the rules of the game. Group 3 (57%) - children showed interest in the game, did not follow the rules until the end of the game, could not evaluate their actions and the actions of their peers, did not understand the rules of the game.

Conclusions: Self-education is formed through special methods and techniques. Gradual mastering of independent playing skills comes from elementary activity manifestations in game actions leading to the transfer of action methods into new rules of the game.

Conflict of interest: No

Keywords: preschool children with intellectual disabilities; children self autonomy; preschool education; playing skills

EPV1172

Patient satisfaction in a mental health psychosocial rehabilitation center. a descriptive analysis.

D. Carracedo Sanchidrián*

Hospital Universitario la Paz, Mental Health, Madrid, Spain

Introduction: Mental disorders chronicity is an increasingly reality. Moving away from returning to old hospitalizations, current health opts for psychosocial rehabilitation. This has led to the emergence of different rehabilitation units such as day care centers or psychosocial rehabilitation centers. The satisfaction of users and families with these centers is tested in the following study.

Objectives: To analyze the satisfaction perceived by users and relatives of a psychosocial rehabilitation Center for people with chronic mental disorders in Madrid.

Methods: An adapted version of the Verona Service Satisfaction Scale (VSSS) was applied to a sample of 30 users who voluntarily participated. The sample consisted of 17 men and 13 women, who had been attending the psychosocial rehabilitation Center for at least 2 years. Frequency analysis and analysis of satisfaction related to sociodemographic variables were performed.

Results: The component with highest satisfaction was the involvement of the professionals and the one with less satisfaction was the support that the center provides to their families. The average satisfaction was 3.97 points (range 1-5). There were no significant differences in satisfaction based on the different sociodemographic variables analyzed (gender, age, time in the center). However, there was a tendency for younger users and women to be less satisfied.

Conclusions: Psychosocial rehabilitation centers are supposed to be an alternative in the community for people with chronic psychopathology. The average satisfaction is high. However, these data suggest that improvements in the attention to families are necessary and perhaps also to young and female users.

Conflict of interest: No

Keywords: mental health; rehabilitation; Chronic Mental Disorder

EPV1175

Graphic skills of children with cognitive dysfunction

E. Kinach¹ and Y. Sidneva^{2*}

¹Institute of Special Education of the Russian Academy of Education, Laboratory For The Education And Training Of Children With Mental Retardation, Moscow, Russian Federation and ²Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPST), Department of Recovery Treatment And Rehabilitation, Moscow, Russian Federation

*Corresponding author.

Introduction: Graphic skills are referred to sensorimotor skills and are connected with educational activity serving the process of writing. The task of teaching children with cognitive dysfunction to write properly is considered to be vital in modern system of education.

Objectives: to study and discover the level of graphic skills of 6-7-year-old children with different stages of cognitive development, to determine their preparedness to master writing graphic.

Methods: Materials: 94 children of senior preschool age (from 6 to 7 years old) with cognitive dysfunction were chosen for studying. Methods: observation, pedagogical examination, analysis of drawing skills.

Results: 3 groups of children were determined: 1st group (30 %) – children who understood the tasks properly, did them without any assistance by themselves and evaluated the results correctly. 2nd group (40 %) – who partially understood the tasks, in the beginning experienced some difficulties doing them, asked for help and finally completed them. 3^d group (20 %) – children who did not accept and did not understand the tasks and as a result did not do them.

Conclusions: general and specific hand\manual skills and condition of basic graphic abilities of children with different levels of cognitive development differ considerably. Essential distinctions of graphic skills maturity as well as their dissimilarity demand proper selection of special methods and approaches for formation correct graphic writing.

Conflict of interest: No

Keywords: graphic skills; graphics of writing; children with cognitive dysfunction; cognitive dysfunctions

EPV1176

Knowledge of disorders by counseling patients in psychiatry

D. Falfel

Mongi Slim hospital, Mental Health, Tunis, Tunisia

Introduction: The fight against the stigmatization of people suffering from mental disorders is a major focus of public policies in the field of mental health. It begins with education of patients about their disease.

Objectives: The patients' knowledge of the disease and understanding of their pathology makes better their pronostic.

Methods: Ponctual introspective study of 120 consenting patient in the mental health service . The study, took place between March 1 and June 30, 2018.The questionnaire used included the question: do you know the diagnosis? do you understand this disease? For the patients who answered by a no they benefited from a psychoeducation of their disease. Other clinical data were retrieved from each other's medical records. Other clinical data were retrieved from each other's medical records.

Results: 120 patients already diagnosed with mean age between 17 and 68 years .96.7% (n = 116) know their diagnosis and understand their disease. The duration of evolution of the disease under treatment is 3.13 +/- 1.8 years. The average total number of hospitalizations for these patients was 0.60 +/- 0.18 hospitalization . Patients who were never hospitalized were 89.2% which corresponds to (n = 107) .

Conclusions: The psychoeducation strategy of patients consulting in the mental health service seems effective concerning the knowledge of the patients of their diagnosis and the understanding of the disease, and a patient well informed about his disease would be better observant and better involved in the therapeutic strategy.

Conflict of interest: No

Keywords: psychoeducation; disorder; Psychiatry; Stigma

EPV1177

Add escape: an immersive experience for add treatment

P. Figueroa^{1*}, K. Cabas-Hoyos² and V. Gomez-Cubillos³

¹Universidad de los Andes, Systems And Computing Engineering, Bogotá, Colombia; ²Universidad del Magdalena, Magdalena, Santa Marta, Colombia and ³Universidad de los Andes, Systems And Computing Engineering, Bogota, Colombia

*Corresponding author.

Introduction: 5% of infants and teenagers worldwide are diagnosed with attention deficit disorder (ADD) (APA, 2013). We present ADD Escape, an immersive serious game for cognitive

intervention in ADD patients. We support abilities such as omission of irrelevant stimuli, following instructions, sustained attention, cognitive flexibility, inhibition, interference control, and task persistence.

Objectives: To study the effect of virtual reality for the intervention of ADD.

Methods: Subjects. The final sample will be teenagers (n:150) between 13 and 16 years old, with ADD. We will do a randomized controlled trial (RCT) where subjects will be divided into three conditions:

G1: Pen and paper.

G2: ADD Escape.

G3. Waiting list

Subjects will receive 9 weeks of intervention. Pre and post interventions will include neuropsychological evaluations of selective, sustained, and divided attention, as well as a motivation measurement. A follow up after three months will be performed. Data Analysis. An ANOVA analysis and its size effect will allow a comparison between conditions. Tools and Functionality. ADD Escape is an escape room puzzle that presents RCTs such as the following: voice and text commands, shape matching, organization of objects, and inhibiting activities. ADD Escape is designed for the Oculus Quest platform, with 64GB of memory, a resolution of 1440 x 1600 pixels per eye, and a refresh rate of 72Hz.

Results: We hypothesize that ADD Escape will motivate more than pen and paper and will create more adherence to treatment.

Conclusions: We show with ADD Escape some of the benefits of VR for the intervention of disorders such as ADD.

Conflict of interest: No

Keywords: virtual reality; ADD; ADD Intervention; serious games

EPV1178

Assessment of lithium adherence in bipolar patients: the experience in an italian psychiatric unit

L. Franchini¹, D. Smail^{2*}, L. Tonet², F. Seghi², B. Causarano¹, C. Varacalli¹, B. Barbini¹ and C. Colombo²

¹San Raffaele Hospital, Mood Disorder Unit, Milan, Italy and

²Università Vita-Salute, San Raffaele Hospital, Milan, Italy

*Corresponding author.

Introduction: Management of bipolar disorder (BD) include assessment of non-adherence (Berk et al., 2010). Knowledge about lithium therapy has been shown to improve adherence and reduce the risk of toxicity.

Objectives: Better understand patient's knowledge level and attitudes towards lithium; verify the variables which could influence adherence.

Methods: At admission BD patients completed the Italian versions of the Lithium Knowledge Test (LKT) and Lithium Attitudes Questionnaire (LAQ): adapted translations of a validated psychiatric survey. Scores were correlated to clinical, demographic, pharmacological variables as well as patient's plasma lithium levels.

Results: 16.5% showed good lithium knowledge. Knowledge positive correlated with education level (p < 0,04). 21.7% expressed negative attitudes towards lithium therapy: obstacles to adherence were younger age (for side effects <0,01), earlier onset of illness (doubt efficacy <0,04), and late onset of lithium prophylaxis (with poor concept of illness <0,05). Lithemia positively correlated with duration of illness (p < 0,02), duration of lithium treatment

($p < 0,01$), good lithium knowledge ($p < 0,04$) and positive attitude towards lithium ($p < 0,04$). Duration of lithium therapy positively correlated with general attitude towards lithium ($p < 0,02$), lithium therapy specifically ($p < 0,01$), and severity of illness insight ($p < 0,009$)

Conclusions: A low percentage of patients had a good lithium knowledge. Duration of lithium therapy seems to be a protective factor for adherence; younger patients, earlier age of onset, late addition of lithium to therapy could represent barriers for adherence and topics for psychoeducational individual support.

Conflict of interest: No

Keywords: Bipolar; medication adherence; lithium knowledge; lithium attitude

EPV1179

The choice of rehabilitation and educational route for children with neurotrauma.

M. Bratkova^{1,2*} and A. Zakrepina^{3,4}

¹Moscow City University, Department of Clinical Psychology And The Basics Of Defectology, Moscow, Russian Federation; ²Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPT), Moscow, Russia, Department of Recovery Treatment And Rehabilitation, Moscow, Russian Federation; ³Institute of Special Education of the Russian Academy of Education / ISE RAO, Laboratory of Psychological And Pedagogical Research And Technologies For Special Education Of Persons With Intellectual Disabilities, Moscow, Russia, Moscow, Russian Federation and ⁴Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPT), Department of Recovery Treatment And Rehabilitation, Moscow, Russian Federation

*Corresponding author.

Introduction: A comprehensive interdisciplinary approach to determining the content of the rehabilitation route after discharge from the hospital is becoming increasingly important in the rehabilitation treatment of children with neurotrauma.

Objectives: To determine the rehabilitation and educational route for children with neurotrauma.

Methods: 180 children participated (2015 – 2018). Methods: medical and pedagogical, observation, examination, assessment.

Results: Rehabilitation and educational options for children were identified: Option A (26%): family-centered rehabilitation. Children experience a constant deficit in all areas of life: they cannot care for themselves, are bedridden, do not communicate, are completely dependent on an adult and on drug therapy, including the appointment of a psychiatrist. Option B (44%): outpatient rehabilitation in specialized organizations. There is a pronounced delay in mental and speech development, especially behavior and regulation. Children have impaired speech, communication, movements, actions with objects; low learning ability. They are accompanied by: psychologist, speech therapist, defectologist, psychiatrist. Option C (30%): rehabilitation through education (in preschool and school organizations). In children behavioral disorders, difficulties in performing arbitrary actions, in communication. Need help from a speech therapist, psychologist, defectologist, psychiatrist.

Conclusions: The variability of rehabilitation routes is determined based on the diagnostic and typological features of the development of children. Conclusion: children with neurotrauma need comprehensive rehabilitation. Their integration into the educational

environment depends on a number of factors: the complexity of the violation, the early rehabilitation system, and the systematic support of the patient and family.

Conflict of interest: No

Keywords: educational route; Integration; neurotrauma; rehabilitation of children

EPV1181

Dynamic characteristics of higher mental functions in children 7-9 years old following traumatic brain injury of mild severity

S. Kovtoniuk^{1*} and T. Goriatcheva²

¹Center for Speech Pathology and Neurorehabilitation, Neurorehabilitation, Moscow, Russian Federation and ²Russian national research medical University N. I. Pirogov, Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: Early detection of the causes of school failure of children following traumatic brain injury of mild severity (mTBI) allows the development of corrective programs.

Objectives: Assessment of the dynamic characteristics of the higher mental functions (HMF) and the position of their violations in the structure of the neuropsychological syndrome.

Methods: The study is based on the original set of techniques designed by A.R.Luria. We studied of the mental activity in its regulatory and dynamic aspects. 13 patients (7-9 years old) with mTBI and 16 healthy subjects (7-9 years old) took part in the study.

Results: The results of the study showed that in the acute period after mTBI, the dynamic characteristics in children were significantly reduced. Decrease in work capacity was noted in all patients, and in half (53.38%) it was lowered at the very beginning of the examination ($p = 0,000$). 84,6 % of the children in the experimental group also had a significant decrease in the rate of activity throughout the study ($p = 0,000$). The speed of completing tasks was slowed down in 76.9% of patients. A study of attention showed that all children with head injury have impaired attention. Half of the experimental group (46.15%) have mild difficulty concentrating. The other half has more pronounced fluctuations in attention and concentration. ($p = 0,00$).

Conclusions: The revealed features of the disturbance of the dynamic characteristics of HMF after mTBI of mild degree will allow to provide adequate assistance to children in the rehabilitation process.

Conflict of interest: No

Keywords: higher mental functions; Children; mTBI; dynamic characteristics

EPV1182

Speech pathology research in adolescents following traumatic brain injury of mild severity.

S. Kovtoniuk^{1*} and T. Goriatcheva²

¹Center for Speech Pathology and Neurorehabilitation, Neurorehabilitation, Moscow, Russian Federation and ²Russian national research medical University N. I. Pirogov, Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: The effect of the traumatic brain injury of mild severity (mTBI) on the speech pathology influences on the educational activities of adolescents in school.

Objectives: To study of speech pathology in adolescents after mTBI in acute period (3-5 days after trauma).

Methods: The study is based on the original set of techniques designed by A.R.Luria. We used the technique of phonemic awareness, phonetics-phonology analysis, speech movements, understanding of logical-grammatical constructions and tests for free and directed associations 31 patients with mTBI (mean age was 11,5+1,3) and 20 healthy subjects (mean age was 12+1,5) took part in the study.

Results: Analysis of the results showed that phonemic hearing, phonetics-phonology analysis and speech movements remained completely intact. A qualitative analysis of the data showed that 42% of patients had difficulties with the implementation of the "understanding of logical-grammatical constructions" methodology, which were mainly associated with impulsive errors. We can note only a tendency to the reliability of the data obtained. The greatest difficulties were caused by the implementation of directed associations. The number of updated words in patients with head injury was significantly less than in the control group ($p = 0.00$). An analysis of the data obtained in the study of speech functions suggests that this function in adolescents was the most preserved.

Conclusions: The results obtained allow us to choose more suitable options for rehabilitation measures aimed at improving the adaptation of patients, improving their quality of life, and preventing the negative consequences of head injury.

Conflict of interest: No

Keywords: adolescents; Speech pathology; traumatic brain injury; mTBI

Research methodology

EPV1184

Internal consistency and confirmatory factor analysis of the scale of attitude towards christianity (francis-5) in colombian psychiatric outpatients

A. Campo-Arias^{1*}, E. Herazo² and G. Ceballos-Ospino¹

¹University of Magdalena, Faculty of Health Sciences, Santa Marta, Colombia and ²Human Behavioral Research Institute, Direction, Bogota, Colombia

*Corresponding author.

Introduction: Religiosity is an important aspect in the holistic approach of people who meet criteria for mental disorders; however, little is known about the psychometric performance of instruments to mediate religiosity in mental health patients.

Objectives: To calculate the internal consistency and perform confirmatory factor analysis (CFA) of Francis's short scale of attitude towards Christianity (Francis-5) in psychiatric outpatients in Santa Marta, Colombia.

Methods: A psychometric study of Francis-5 was performed with responses of 260 patients, between 18 and 83 years ($M=47.6$, $SD=14.0$). Patients met criteria for major depressive disorder (36.9%), bipolar disorder (16.5%), generalized anxiety disorder (15.8%), sleep disorder (12.3%), schizophrenia (5.0%), obsessive-compulsive disorder (2.7%) %, post-traumatic stress disorder

(1.9%), and 8.8% did not know the diagnosis. 57.3% of the participants were women and formal schooling was between 0 and 16 years ($M=10.8$, $SD=3.5$). Participants completed the Francis-5 which is a five-item instrument and five response options that are rated from one to five. The highest scores suggest stronger religiosity. Internal consistency (Cronbach alpha and McDonald omega) and CFA were calculated.

Results: The internal consistency showed both Cronbach alpha and McDonald's omega of 0.98. In the CFA, one-dimensional structure was observed, with chi squared=4.83, $df=5$, $p=0.44$, $RMSEA=0.01$, $CI90\% 0.00-0.10$, $CFI=1.00$, $TLI=1.00$, and $SRMR=0.01$.

Conclusions: The Francis-5 shows high internal consistency and acceptable one-dimensional structure to measure attitude toward Christianity in psychiatric outpatients. The scale can be reliably used in outpatients of mental care services.

Conflict of interest: No

Keywords: Validation studies; religiosity; mental disorders; Outpatients

EPV1186

Content overlap analysis of 71 symptoms among seven most commonly used neurological soft signs scales.

A. Krupa^{1*}, A. Chrobak², D. Dudek² and M. Siwek³

¹Jagiellonian University Medical College, Doctoral School of Medical And Health Sciences, Cracow, Poland; ²Jagiellonian University Medical College, Department of Adult Psychiatry, Cracow, Poland and

³Jagiellonian University Medical College, Department of Affective Disorders, Cracow, Poland

*Corresponding author.

Introduction: Neurological soft signs (NSS) are defined as subtle non-localisable neurological abnormalities that cannot be ascribed to disturbance of any particular brain structure or known neurological disease. NSS have been studied in a wide range of patients diagnosed with schizophrenia, mood and anxiety disorders with the use of multiple different instruments.

Objectives: To assess the diversities in item content and the level of overlap between the most often used NSS scales.

Methods: The PubMed database was searched using the phrase "neurological soft signs". We had previously reported on the results based on the search up to December 2017. Next the search was extended up to January 2019. Based on the updated information a new content analysis was performed to determine symptom overlap among the 7 most commonly used scales using the Jaccard index (0=no overlap, 1=full overlap) according to the methodology of Fried 2017.

Results: 421 papers were found. Only 315 original research articles meeting the criterion of informing about instrument used to measure NSS were selected for the analysis. The investigated scales consisted of 167 items assessing 71 distinct NSS. The mean overlap among all scales is low (0.27), overlap among specific scales ranges from 0.1 to 0.5.

Conclusions: The repeatability of NSS checked by investigated instruments is low, rising question whether various studies explore the same phenomena. The dubious replicability of NSS assessment obstructs the possibility to unify the existing data. Yet there seems to be little awareness of this issue. We suggest the non-localizable nature of NSS requires further examination.

Conflict of interest: No

Keywords: Content analysis; neurological soft signs

EPV1189

Interest for the innovative clinical-qualitative method grows among Brazilian health researchers

E. Turato

University of Campinas, Medical Psychology And Psychiatry, Campinas, Brazil

Introduction: Although qualitative studies have increased around the world in last decades, few influential journals published them, specially top medical journals.

Objectives: To present the Methodology of Clinical-Qualitative Research, a particular and refined strategy developed in Brazil to work with qualitative studies employed in medical care settings, has completed one decade of publishing.

Methods: The method conception is the following: if one wants to explain scientifically the asthma, this is a matter for researchers of pulmonary diseases, immunology, and so on, within the biomedical model. However, if one wishes to understand what asthma means for the patients' psychosocial life, this is a matter for clinical-qualitative researchers within the comprehensive model from human sciences. It is extremely useful for physicians themselves to make use of qualitative methods.

Results: Clinical attitude - in sense of Hippocratic School - is both to value the approach to Man who always suffers, above all with his body. Existentialist attitude - in sense of Kierkegaardian School - is to value the anguish inherent in Man, as it occurs specially in the case of getting ill. Psychoanalytic attitude - in sense of Freudian School - is to take into account the existence of non-conscious feelings that permeate all human interpersonal relationships.

Conclusions: Editors and reviewers of greatest vehicles of medical literature could broaden their editorials space for research in Medical Psychology. The handling of impact of diagnosis and the encouragement to a complete adherence to recommended treatments pass through the scientific knowledge of symbolic meanings.

Conflict of interest: No

Keywords: Qualitative Research; clinical-qualitative research in Brazil; psychological meanings

EPV1190

Placebo response in clinical trials- how to decrease its negative impact?

D. Vasile*, O. Vasiliu, A. Fainarea, M. Patrascu, E. Morariu, R. Stanescu, R. Manolache, I. Alexandru, I. Ghenoiu, M. Gionea, F. Gainaru, I. Amanolesei and R. Vlaicu

University Emergency Central Military Hospital Dr. Carol Davila, Psychiatry, Bucharest, Romania

*Corresponding author.

Introduction: In trials investigating antidepressants, placebo response averages 31% compared to a mean medication response of 50%, and the difference is even smaller in clinical studies with children and adolescents, which represents a major obstacle in detection of an efficacy signal.

Objectives: To find the main factors involved in the augmentation of placebo response in clinical trials with antidepressants, and to find ways to reduce this response.

Methods: A literature review was performed using as paradigm "placebo effect" or "placebo response" and "antidepressants" and "clinical trials". All papers published between 2000 and 2019, found

in the main electronic databases (EMBASE, CINAHL, PubMed, Cochrane), were included in the primary review.

Results: Expectancy-based placebo effects, statistical procedures, motivation for participation in trials, frequency of study visits and their length, frequency of drugs administration are all related to the rate of placebo response. The trial design should attempt to control as many of these factors as possible, e.g. single-blind lead-in periods which have the purpose to identify and exclude participants with quick response to placebo, decreasing the length of study visits and the number of interactions between subjects and investigators, training the investigator to minimize their placebo-enforcing effects, all these may reduce the amplitude of the placebo response.

Conclusions: The design of the clinical trials in major depression patients should try to control placebo-increasing factors related to the subjects, environment, investigators, statistical procedures, and investigational products, in order to allow the effect of an antidepressant to be differentiated from placebo.

Disclosure: First author was speaker for Astra Zeneca, Bristol Myers Squibb, CSC Pharmaceuticals, Eli Lilly, Janssen Cilag, Lundbeck, Organon, Pfizer, Servier, Sanofi Aventis, and participated in clinical research funded by Janssen Cilag, Astra Zeneca, Eli Lilly, San

Keywords: placebo response; placebo effect; major depression; Antidepressants

EPV1191

Video ethnography: introducing a new tool for psychiatric research ?

L. Abrahamyan Empson* and P. Conus

CHUV, Psychiatry Department, Prilly, Switzerland

*Corresponding author.

Introduction: Ongoing progress in psychiatric research and practice calls for interdisciplinary approaches and novel methodologies. One such a method is videoethnography, a discrete filming of daily life activities. Despite a number of advantages, the use of this method as of now is scarce, especially when it comes to psychosis research and clinical practice.

Objectives:

Figure 1: Filming arrangement during the walk along.



The walk along was filmed by a GoPro attached to participants and by 2 cameras (back and lateral) allowing to capture with high definition the urban setting.

After discussing theoretical advantages of the use of videoethnography in psychiatric research in the context of urbanicity / psychosis studies, we will explore the representations of first line practitioners regarding its use in psychiatric research and, by extrapolation, in general practice.

Methods: Qualitative analyses of audiorecorded interviews of case managers and FEP patients regarding the experience of being filmed during city walk alongs.

Results: Videoethnography was found sufficiently acceptable and tolerable as a research tool within our cohort. Both case managers and patients were positive about assets provided by this approach. Nevertheless more research is warranted to supplement reported results and conceptualize further implementation of videoethnography as a research/ therapeutic tool.

Conclusions: Further developments in this area may profit to psychiatric care beneficiaries by enabling a user inclusive approach and enriching therapists' appreciation of the impact of psychotic symptoms on patients' daily life. While the use of videoethnography in psychiatric research and practice with psychotic patients remains scarce, ever changing attitudes of the society towards self-exposure and availability of non-professional video recording material may further shape both research and clinical practice.

Conflict of interest: No

Keywords: videoethnography; Mixed methods; urbanicity; psychosis

EPV1192

Psychometric evaluation of the caffeine expectancy questionnaire (caffeq) in spanish speakers

J. Cebrián^{1*} and G. Gonzalez-Cuevas^{1,2}

¹European University of Madrid, Department of Psychology, Madrid, Spain and ²Idaho State University, Department of Biomedical And Pharmaceutical Sciences, Meridian, United States of America

*Corresponding author.

Introduction: Caffeine expectancies are key contributors to the consumption of caffeine, the world's most often used psychoactive drug. However, despite widespread use of the English Caffeine Expectancies Questionnaire (CaffEQ) to investigate these expectations, no Spanish version of CaffEQ is available to date.

Objectives: Therefore, we set out to develop and evaluate the reliability and construct and criterion validity properties of the Spanish version of the CaffEQ.

Methods: The original CaffEQ, a 47-item self-report questionnaire, was translated into Spanish and then completed by 526 participants with a mean age of 26.36 years. These participants also responded to the caffeine consumption questionnaire.

Results: Our data showed that both reliability and validity were adequate and in agreement with the original CaffEQ as well as other non-Spanish versions. The overall reliability index (as measured by Cronbach's alpha) was .93, with subscales yielding indexes ranging from .85 to .94. Using factor analysis, seven underlying dimensions were found, as expected. Our criterion validation of the Spanish CaffEQ showed almost identical correlation coefficients as the original CaffEQ.

Conclusions: To conclude, after the present Spanish adaptation and sound psychometric validation of the CaffEQ, a new research avenue has been opened for the study of caffeine expectations in Spanish-speaking populations. In clinical practice, assessing caffeine expectancies in psychiatric patients may also be relevant to facilitate treatment if caffeine needs to be removed or cut down due to negative medication interactions.

Conflict of interest: No

Keywords: Caffeine; CaffEQ; reliability; validity

EPV1193

Optical manipulation of prefrontal parvalbumin neurons disrupts attention in mice

T. Dexter

Western University, Schulich Medicine and Dentistry, London, Canada

Introduction: The prefrontal cortex (PFC) is a key regulator of attentional processing, which facilitates the ability to detect and selectively respond to relevant stimuli. Inhibitory neurotransmission by gamma-Aminobutyric acid (GABA) signalling coordinates the activity of local excitatory neurons and is critical for regulating the flow of information within this region. Previous studies have indicated that GABAergic neurons expressing parvalbumin (PV) are particularly important for synchronizing PFC activity during cognitive processing.

Objectives: This work aimed to assess the role of PFC PV neurons in mice during a touchscreen-based task of sustained and selective attention.

Methods: Mice were assessed on the novel touchscreen rodent continuous performance task (rCPT), where images are continuously presented on a touchscreen and mice are required to selectively respond to one image type while suppressing responses to all others. *in vivo* fiber photometry was used to record the calcium activity of mPFC PV neurons in mice genetically modified to express a gCAMP7f fluorescent biosensor selectively in PV neurons. To manipulate PV neuron activity, *in vivo* optogenetics was used with mice selectively expressing inhibitory and excitatory opsins in this cell population.

Results: Inactivating mPFC PV neurons resulted in significant attention impairments, characterized by a reduction in target reduction and increased responding to non-targets. Furthermore, optogenetically stimulating these neurons to fire at a suboptimal (5hz) significantly reduced target detection and discrimination.

Conclusions: These results indicate that frequency specific firing of prefrontal PV neurons support attention in mice, and that the contributions of these neurons may be specific to the processing and discrimination of target information.

Conflict of interest: No

Keywords: Prefrontal Cortex; attention; Parvalbumin Neurons

EPV1194

Contributions of projective techniques as potent tools of therapeutic intervention in the psychodiagnosis process.

A. Poppe

Universidade Paulista, Instituto De Ciências Humanas, Santos, Brazil

Introduction: Interventional psychodiagnosis is a modality that aggregates the evaluation and therapeutic processes considering the active participation of children and their families. In a school service of the Paulista University - in Santos/SP, the interventions are made from the understanding of the complaints brought, using some projective techniques, among them we highlight: the projective technique of collage and the modality of theater.

Objectives: As the meetings go, the biggest challenge was to promote an inclusive dynamic in which the solution of conflicts that emerged from the children's meeting could be worked. Both the technique of collage and theater, had as its premise the involvement of all, allowing the projection and resolution of conflicts in this time.

Methods: In 2019, in one of the classes, six children were assisted, followed by two trainees each, for an average period of 18 meetings. The complaints focused on relational problems, difficulties in

dealing with loss and separation, increased by specific diagnoses of F.70 (one girl), F.84 (two boys) and without pre-established diagnosis (02 girls and 01 boy).

Results: The interventions performed by these techniques allowed greater understanding of the intrapsychic and intrafamily dynamics as forces in interaction and that form a web that can result in suffering and misfit.

Conclusions: It is evaluated that the incorporation of these techniques to interventional psychodiagnosis proved to be a valuable instrument not only for the understanding of the complaints brought and the dynamics that prevail in relational contexts, but also to guide more powerful interventions with all.

Conflict of interest: No

Keywords: Projective techniques; Psychodiagnosis; Evaluation; Therapeutic intervention

EPV1195

The polish short form of the purpose in life test (pil-6): psychometric properties for patients with mental disorders

J. Zycinska^{1*}, M. Januszek¹ and P. Dobaczewska²

¹SWPS University of Social Sciences and Humanities, Katowice Faculty of Psychology, Katowice, Poland and ²SWPS University of Social Sciences and Humanities, Interdisciplinary Doctoral School, Warsaw, Poland

*Corresponding author.

Introduction: Recent research indicates that the assessment of the meaning in life should be taken into account both in the diagnosis and in the treatment of patients suffering from mental disorders.

Objectives: The aim of this study was to examine the psychometric properties for a short six-item form of the 20-item Purpose in Life Test (PIL-6) in a clinical sample.

Methods: A total of 295 subjects participated in the study (173 females and 122 males, mean age $M = 41.27$, $SD = 10.10$), including 163 patients with clinical ICD-10-F-diagnosis (80 being hospitalized 83 receiving ambulatory treatment) and 132 healthy controls.

Results: Confirmatory factor-analytic procedures showed that the one-factor model of PIL-6 (items: 4, 5, 9, 12, 17, 20) obtained a good fit indices ($\chi^2/df = 2.47$, $SRMR = .012$, $TLI = .987$, $CFI = .994$, $NFI = .990$, $RMSEA = .071$), as well as a high latent variable reliability (.95). The metric invariance of this model was verified using a multi-group confirmatory analysis. The intercepts invariance hypothesis was rejected, a fact well reflected in the between-groups differences ($F(2,292) = 99.63$; $p < 0.001$). The lowest level of meaning in life was found among the hospitalized patients ($M = 19.26$; $SD = 7.42$), statistically significantly higher results were obtained by the ambulatory patients ($M = 30.07$; $SD = 9.48$), the highest – by healthy controls ($M = 34.14$; $SD = 5.95$).

Conclusions: The PIL-6 is a highly reliable and accurate tool and may be used as a predictor/indicator of progress in the treatment of patients with mental disorders.

Conflict of interest: No

Keywords: purpose in life; Confirmatory Factor Analysis; serious mental illness

Schizophrenia and other psychotic disorders

EPV1199

A comparative study regarding emotional awareness and interpersonal relating abilities in the schizophrenia versus the affective spectra

I.R. Adam^{1*}, C.V. Oprea¹, A. Culici¹, C. Bredicean² and C. Giurgi Oncu²

¹Timișoara County Emergency Clinical Hospital, Clinic Of Psychiatry „eduard Pamfil”, Timișoara, Romania and ²“Victor Babeș” University of Medicine and Pharmacy, Neuroscience, Timișoara, Romania

*Corresponding author.

Introduction: Social cognitive dysfunctions contribute to the deficits of psychosocial functioning of people on the Schizophrenia Spectrum. Recently, the focus has turned to the area of affective disorders, with respect to social cognition and alexithymia.

Objectives: Evaluation of abilities and potential differences in alexithymia and the capacity of facial emotion recognition in individuals suffering with disorders on the schizophrenia or the affective (unipolar depressive) spectrum.

Methods: We evaluated two groups of 26 participants each, diagnosed with either a Schizophrenia Spectrum Disorder (SDD) or Recurrent Depressive Disorder (RDD) hospitalized in the Psychiatry Clinic of Timisoara, Romania. The analyzed parameters were: socio-demographic, clinical, alexithymia (Toronto Alexithymia Scale), and the ability to identify emotions (Reading the Mind in the Eye Test).

Results: We established that 57.69% of SSD subjects had alexithymia, while 19.23% had possible-alexithymia and 23.07% were non-alexithymic. Most of the subjects had a low ability to identify emotions (84.61%). In regards to the RDD group, all 26 participants had alexithymia, while almost 74% of them had a lower than normal ability to correctly identify emotions.

Conclusions: The SSD participants showed clear deficits describing and identifying emotions. Overall, the RDD group had similar results, but slightly better abilities of recognizing others' emotions in the eyes. Our results suggest that difficulties recognising facially expressed emotions and alexithymia could possibly be linked in both spectra. These populations may benefit from tailored social skills training and intervention programs that offer service users more accurate recognition of relapse signs leading to timelier help-seeking.

Conflict of interest: No

Keywords: Social Cognition; recurrent depressive disorder; Alexithymia; Schizophrenia Spectrum Disorder

EPV1204

Relationships between suicide risk and neuropsychological domains in schizophrenia patients

P. Bargagna*, V. Corigliano, F. Forcina, A. Nardella, I. Mancinelli, G. Falcone, M. Pompili and A. Comparelli

Sapienza University - Faculty of Medicine and Psychology, Neurosciences, Mental Health And Sensory Organs., Rome, Italy

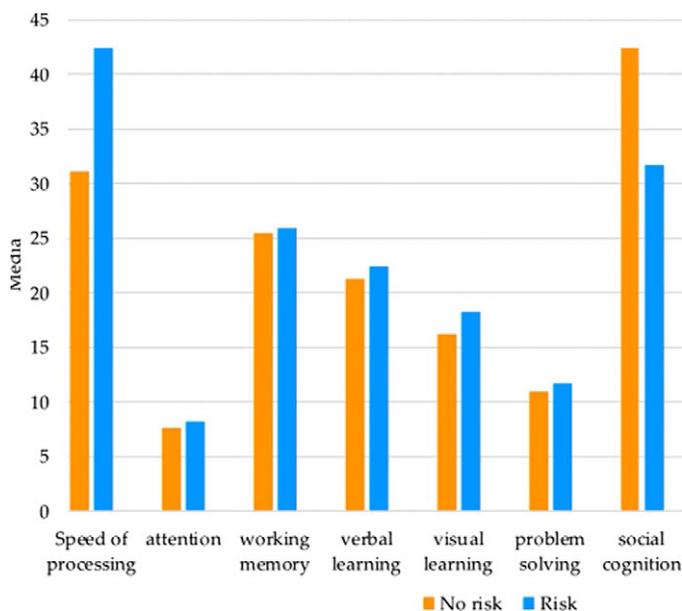
*Corresponding author.

Introduction: Schizophrenic patients could attempt suicide. Social cognition might be one an important factor that could improve suicide risk.

Objectives: Our study aims to compare the neurocognitive profile of two groups of schizophrenia patients that differ in the presence or absence of suicidal risk; find a correlation between the presence of suicidal ideation/attempt and specific neurocognitive deficits.

Methods: 98 patients with Schizophrenic Disorder (SZ) according to DSM 5-TR were enrolled. Neurocognitive functions were evaluated by means of Measurement Research and Treatment to Improve Cognition in Schizophrenia (MATRICS) Consensus Cognitive Battery (MCCB). Clinical data were assessed through the Brief Psychiatric Rating Scale (BPRS). The existence of suicidal ideation and actual suicide attempts have been investigated through the Columbia-Suicide Severity Rating Scale (C-SSRS). Based on the results on the C-SSRS scale, subjects were dichotomized in suicidal risk patients and non-suicidal risk patients. Suicidal patients had at least 1 on the scale that investigates the severity of the suicidal ideation.

Results: Suicidal patients had a significantly ($p=0,006$) worse performance on the test that explores the cognitive domain of social cognition (42,43 (mean 46,04)) than patients who did not have a suicidal risk (31,75(mean 40,40)). The two groups did not differ in other cognitive domains. (Table 2). Instead verbal learning (22,36 (mean 5,04)) or speed of processing (42,44(mean 54,13)) were slightly greater in suicidal patients.



Conclusions: Our analysis has shown a significant relationship between social cognitive impairment and suicidal risk in schizophrenia patients. It's conceivable that social cognitive impairment is an endophenotype of schizophrenia and a risk trait for suicide

Conflict of interest: No

Keywords: Suicide; schizophrenia; neurocognitive deficit; Social Cognition

EPV1206

Depression in remitted schizophrenia patients

S. Bhagyalakshmi Nanjayya* and S. Grover

PGIMER, Department of Psychiatry, Chandigarh, India

*Corresponding author.

Introduction: Assessment of depression in schizophrenia is clinically important due to high risk for suicidality, distress and impact on functioning. Limited numbers of studies have evaluated depression in patients with schizophrenia in clinical remission.

Objectives: To assess the prevalence of depression in patients with chronic schizophrenia who are currently in remission.

Methods: Two hundred and fifty patients with schizophrenia, who were in clinical remission, were assessed for depression using Calgary depression rating scale for schizophrenia (CDSS) and Global Assessment of Functioning (GAF) Scale. CDSS score of ≥ 7 was considered cut-off for depression.

Results: The mean age of the sample was 35.14 (SD: 10.01) years and the mean duration of formal education was 10.4 (SD: 4.52) years. Majority of the participants were males (66.4%), married (56.4%), unemployed (53.2%), and hailed from nuclear family (59.6%). The mean age of onset of illness was 27.17 (SD: 9.37) years and duration of untreated illness was 4.40 (SD: 1.79) months, the mean duration of illness was 98.35 (SD: 71.78) months and the mean duration of remission at the time of assessment was 8.4 (SD: 5.45) months and mean GAF score of the sample was 78.44 (SD: 7.59). The prevalence of depression in the study sample was 18.8%.

Conclusions: Present study suggests that one in five patients of schizophrenia, currently in clinical remission has depression.

Conflict of interest: No

Keywords: Dépression; schizophrenia; remission; chronic

EPV1207

First episode psychosis in cannabis users: primary psychotic disorder or cannabis induced psychotic disorder? case-control study: preliminary results about cognitive impairment in first-episode psychosis.

S. Boi^{1*}, B. Sanz-Arangué Avila¹, T. González-Salvador¹, E. M. Suarez Del Rio¹, T. Ponte-López², M.J. Lobato² and R. De Arce Cordon¹

¹Hospital Universitario Puerta de Hierro de Majadahonda, Psychiatry, Majadahonda, Spain and ²Hospital Universitario Puerta de Hierro, Majadahonda, Madrid, Spain

*Corresponding author.

Introduction: In recent years, cognitive involvement in first-episode psychosis (FEP) is becoming more important, with multiple publications in this regard, with generally heterogeneous results due to different methodologies. The solid data point to impairment in verbal and working memory, processing speed and executive function, and being them all related with negative symptoms

Objectives: Preliminary results regarding cognitive function in patients with FEP are presented

Methods: A longitudinal and prospective case-control study will be performed during a year. FEP patients with cannabis-use are identified as cases and FEP patients with no cannabis-use as controls. The sample will be constituted by all the patients, diagnosed of first psychotic episode, admitted during a year at the Psychiatry Unit of the HUPHM. Three evaluations will be made. The first of them will be administered on the days before the discharge, the second 6 months after and the third a year a head. Each evaluation will include different scales, cognitive impairment is assessed by SCIP-S

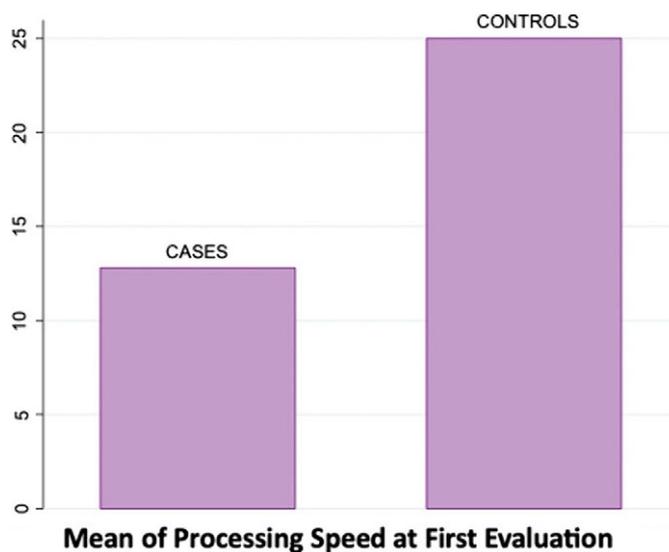
Results: We present preliminary result of cognitive impairment in 32 consecutive FEP admitted to our center. We included 23 cases (71.8%) and 9 controls (28.1%). Result regarding SCIP percentile on the different areas were the following: all of them except verbal fluency were higher among controls (IMAGE-1).

SCIP-S percentile on the different areas.

	Cases	Controls	p value (Mann-Whitney test)
Immediate verbal learning (IVL)	11.56 ± 17.08	13 ± 10.52	0.2722
Working memory (WM)	26.65 ± 22.1	37.33 ± 33.08	0.6121
Verbal fluency (VF)	35.91 ± 29.54	27.55 ± 25.50	0.5144
Differed verbal learning (DVL)	15.86 ± 20.13	21.44 ± 25.83	0.8979
Processing speed (PS)	12.82 ± 17.45	25 ± 24.11	0.1036
SCIP TOTAL	10.30 ± 14.68	13.88 ± 18.04	0.8491

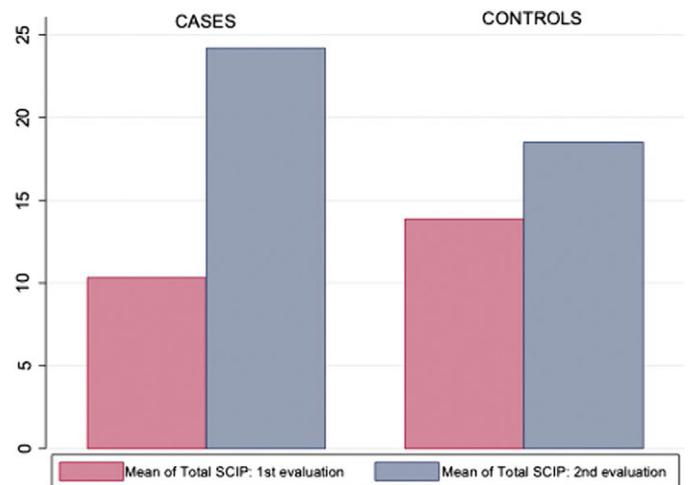
Differences regarding processing speed were significant (p<0.1)(IMAGE-2)

Differences regarding processing speed were significant (p<0.1) (IMAGE-2).



7 subjects had a second evaluation after 6 months. Regarding total-SCIP percentile, cases suffered greater improvement compared with controls (p=0.05)(IMAGE-3)

Conclusions: First cognitive evaluation in FEP can be substantially altered in cannabis-users, however, we highlight changes occurring during follow-up, being specially this group the one suffering greater total improvement in cognitive functions, compared with non-consumers



Conflict of interest: No

Keywords: first-episode psychosis; SCIP-S First Episode Psychosis; COGNITIVE IMPAIRMENT IN FIRST-EPISODE PSYCHOSIS; cannabis users

EPV1208

Comparison of polytherapy versus monotherapy in patients with treatment-resistant schizophrenia: a review.

M. Bravo Arráziz^{1*}, C. Martín Alvarez² and V. Mainar De Paz³

¹Hospital Severo Ochoa, Psiquiatría, Madrid, Spain; ²Hospital Universitario de Fuenlabrada, Psiquiatría, Madrid, Spain and ³Centro de Salud Mental Maresme Nord, Psiquiatría, Barcelona, Spain
*Corresponding author.

Introduction: The use of antipsychotic combinations in patients diagnosed with schizophrenia is an extended intervention in our daily clinical practice. It is estimated that 10-30% of patients with this diagnosis have used more than one antipsychotic concurrently.

Objectives: The aim of this study was to evaluate the clinical evidence that support the use of antipsychotic polypharmacy against monotherapy in Treatment-resistant schizophrenia (TRS) in terms of long-term efficacy and efficiency, as well as of safety and tolerability.

Methods: A non-systematic review of the literature was conducted by searching in the Pubmed database the keywords: “antipsychotic combinations”, “antipsychotic polypharmacy” and “Schizophrenia”. The authors only selected papers published within the last 5 years.

Results: During the last years, different studies including meta-analyses and systematic reviews have been published, yielding to conflicting results. While in some cases the use of combination of antipsychotics showed higher outcomes in reduction of symptoms and risk of rehospitalization -in particularly for Clozapine and Aripiprazole combination-, others concluded that polytherapy predicts an earlier relapse as well as higher risk of discontinuation followed from a worst side effects profile.

Conclusions: Although several publications of high level of evidence have been carried out, the results obtained are generally contradictory and of low consistency. Nevertheless, some recent long-term

studies show encouraging results with some antipsychotic combinations in particular. Further investigations are needed in order to elucidate the efficacy and risks of this therapeutic option.

Conflict of interest: No

Keywords: schizophrenia; psychopharmacology; Polypharmacy

EPV1209

The connection between the theory of mind and alexithymia in schizoaffective disorder

C. Bredicean^{1*}, I. Papava², R.T. Moldovan³, C.I. Giurgi Oncu¹, Z. Popovici⁴, I. Ravis⁵ and D. Grujic⁶

¹"Victor Babeş" University of Medicine and Pharmacy, Neuroscience, Timișoara, Romania; ²Timișoara University of Medicine and Pharmacy, Psychiatric Clinic, Neurosciences, Timișoara, Romania; ³Timișoara County Emergency Hospital, Clinic Of Psychiatry „eduard Pamfil”, Timișoara, Romania; ⁴Arad County Emergency Clinical Hospital, Centre For Mental Health, Arad, Romania; ⁵“Carol Davila” University of Medicine and Pharmacy Bucharest, Psychiatry, Bucuresti, Romania and ⁶“Victor Babeş” University of Medicine and Pharmacy Timișoara, Plastic And Reconstructive Surgery, timisoara, Romania
*Corresponding author.

Introduction: Theory of mind along with alexithymia, represent two important factors involved in an adequate social functioning of any patients diagnosed with a psychotic disorder, therefore, also in the schizoaffective disorder.

Objectives: The purpose of this study is to evaluate the alexithymia and theory of mind in patients diagnosed with schizoaffective disorder, that are in remission and under treatment.

Methods: 22 subjects diagnosed with schizoaffective disorder (according to ICD10 criteria) have been included in our study. The subjects have been selected using inclusion and exclusion criteria. The analyzed parameters were: socio-demographical data, alexithymia (Toronto Alexithymia Scale) and Theory of Mind (“Reading the Mind in the Eyes test”). The data obtained was analyzed statistically.

Results: The socio-demographical data revealed that the median age of onset of the disorder was 28,2 years, the median education level was 11,2 years (highschool), the median evolution of the disorder is 10,8 years and all of them are now retired due to sickness or disability. The analyzed data showed that the ability of reading the mind in the eyes in 82% of the patients, as well as the alexithymia (79% of the patients) were impaired. Also, there is a direct correlation between these two; a lower ability to express emotions correlates to a lower ability to identify emotions ($r=-0.524324317$).

Conclusions: In the schizoaffective disorder, theory of mind, as well as alexithymia are impaired and there is a direct correlation between them.

Conflict of interest: No

EPV1210

Victimization in schizophrenia

M. Budak^{1*}, H. Gulec² and M. Ustundag²

¹Erenkoy Mental Health Training and Education Hospital, Male Inpatient Clinic, Istanbul, Turkey and ²Erenkoy Mental Health Training and Education Hospital, Psychiatry, Istanbul, Turkey

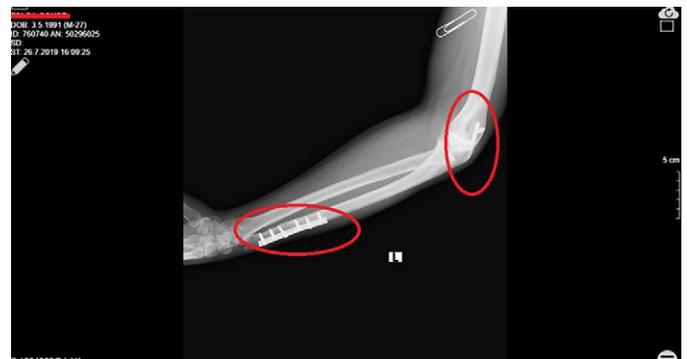
*Corresponding author.

Introduction: Parry fractures, a fracture in the forearm usually consequence of protecting the face against aggressive attacks, are known to be an indicator of interpersonal violence. They are frequently used in bioarcheological studies. Studies on violence and schizophrenia are mainly focused on the violent behaviors of patients while lacking the violence the patients are exposed to. Radiologically shown parry fracture could be a sign to detect victimization in patients with schizophrenia.

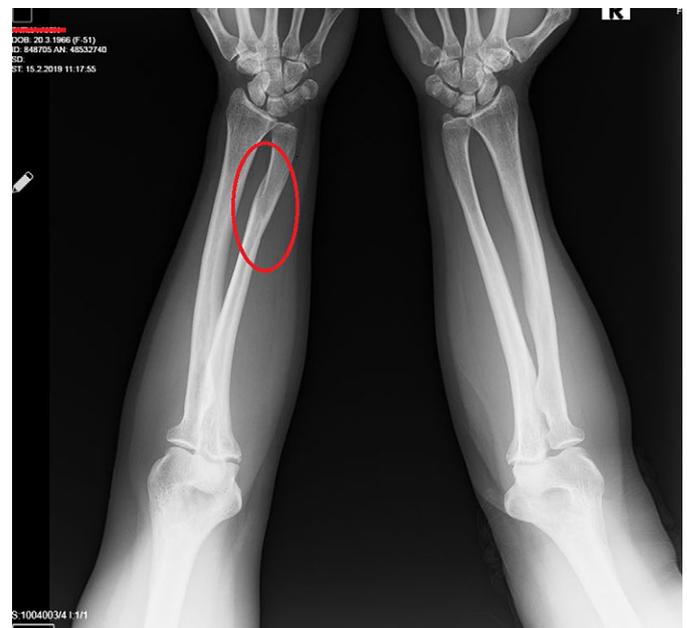
Objectives: To shed light on this issue we present two schizophrenic patients with parry fractures.

Methods: Exposure to violence in these patients was assessed by radiological examination.

Results: Case 1: 28-year old male with schizophrenia and inhalant use disorder, was treated in an inpatient clinic because of a psychotic attack. He had surgical scars on his left forearm and elbow. He said that he was attacked by his friends 5 years ago. The left ulna and humerus were broken due to that assault.



Case 2: 40-year old female patient with schizophrenia, was seen in an outpatient clinic and she was in remission clinically. When questioned whether she has been subjected to physical violence in the past, she said that she was attacked by her ex-husband. Although she was under pain in her forearm, she didn't apply to hospital back then. Radiological imaging revealed the old fracture.



Conclusions: It is known that autobiographical memory is reduced in patients with schizophrenia. Therefore, physical examination and therapeutic alliance may reveal the victimization of the patients. Furthermore, some specific bone fractures and wounds could be used to detect victimization even after plenty of time passes.

Conflict of interest: No

Keywords: schizophrenia; parry fracture; violence; victimization

EPV1212

Paranoid, steroids – a case report of an organic delusional disorder secondary to systemic lupus erythematosus

M. Carneiro^{1*}, D. Pereira¹ and S. Neves²

¹Centro Hospitalar e Universitário de Coimbra, Psychiatry, Coimbra, Portugal and ²Centro Hospitalar e Universitário de Coimbra, Psychiatry, Coimbra, Portugal

*Corresponding author.

Introduction: Systemic lupus erythematosus (SLE) is a chronic autoimmune disorder that can affect multiple organs. Neuropsychiatric manifestations occur in two-thirds of patients with SLE, but psychosis is rare. Corticosteroids are the cornerstone treatment in those cases, but can also induce psychosis themselves.

Objectives: To describe a case depicting psychotic symptoms in a patient with SLE, highlighting the importance of a correct diagnosis and its implications on the treatment.

Methods: Clinical case report and brief review of relevant literature.

Results: M, a 40-year old female, with a background of SLE for 30 years and psychiatric history of depressive episode 2 years earlier, checks in the emergency room with persecutory delusional ideation initiating 3 months prior. M had a SLE-related nephrological relapse 6 months earlier, with a proteinuria peak of 2g/day. M was found medicated with sertraline 100mg; mirtazapine 15mg; hydroxychloroquine 400mg; enalapril 20mg; losartan 50mg; prednisolone 5mg (on tapering phase) and mycophenolate mofetil 400mg 2id (maintenance dose). No significant signs or changes were found either at objective examination or on blood analyses. Brain CT revealed brain groove accentuation. Brain MRI showed unspecific signs. Lumbar puncture was refused by the patient. M was diagnosed with organic delusional disorder secondary to SLE, and started prednisolone 40mg/day and risperidone 2mg 2id. M was discharged one month after, maintaining residual delusional ideation but with reduced expressed emotion towards it.

Conclusions: The differential diagnosis of psychotic symptoms in a patient with SLE is fundamental, since it will determine the treatment strategy adopted.

Conflict of interest: No

Keywords: organic delusional disorder; Systemic Lupus Erythematosus; corticosteroids

EPV1215

Psychotic symptoms of onset in childhood. a clinical case

J. Cozar Ortiz*, I. Rubio Zavala, R. Suarez Guinea, C.M. Hernández Caro, M. Plaza Yuste, C. Torrente Seoane, C. Rodríguez Delgado, F. J. Torres Varona, Y. Ainslie Mata, D. Faber, S. Benavente López,

V. Juárez Calvo, M.C. Rodríguez Villarino, C. Iglesias García, J. L. Pérez-Iñigo Gancedo and M. Presa García

Hospital Central de la Defensa Gómez Ulla, Psychiatry And Mental Health Department, Madrid, Spain

*Corresponding author.

Introduction: Schizophrenia and other psychotic disorders have a great impact on the socio-health framework worldwide. Its onset in the young adult prevails, and these disorders can be detected at both earlier and later ages, requiring an adequate diagnostic-therapeutic approach.

Objectives: The case of a 19-year-old female patient is presented, with follow-up by a Mental Health Unit from the age of 12 for presenting psychotic symptoms, who was admitted to the Acute Inpatient Psychiatry Unit after going to the Emergency Department due to an exacerbation of her psychotic symptoms along with behavioural disturbances and low mood. Upon admission, the patient verbalized delusional ideas of persecution, as well as overvalued ideas and delusional perceptions, in which she felt persecuted on the street, as well as observed in the bathroom, mostly by men known to the patient, and in occasions by her deceased father. She also referred being suffering olfactory hallucinations (in differential diagnosis with delusional perceptions).

Methods: Complete analytics, cranial CT and electroencephalogram revealed no pathological findings.

Results: Differential diagnosis was established among between schizophrenia, delusional disorder, schizoaffective disorder, major depressive disorder with psychotic symptoms and dissociative disorder. The patient was treated with oral Aripiprazole at a dose of 15mg per day resulting in an adequate therapeutic response, a decrease in psychotic symptoms, as well as mood and behavioural stability.

Conclusions: Adequate anamnesis and psychopathological exploration are necessary to achieve a correct diagnosis of the psychotic symptoms. Aripiprazole may be an effective therapeutic option in the treatment of psychotic symptoms in young patients.

Conflict of interest: No

Keywords: Psychotic; childhood onset; aripiprazole; olfactory hallucinations

EPV1216

A 40-years old man with first schizophrenic episode: a case report

N. Curk Fišer* and R. Tavčar

University psychiatric clinic Ljubljana, Unit For Rehabilitation, Ljubljana, Slovenia

*Corresponding author.

Introduction: First-time presence of schizophrenic symptoms in 40-year old persons is rare. The complex symptomatology of schizoaffective disorder makes a misdiagnosis highly likely.

Objectives: To present a case of schizoaffective disorder.

Methods: Medline search and review of the clinical history and the related literature.

Results: We present the case of a 40-year-old man who suffered psychotic symptoms for the first time. According to the psychiatric history, this patient has needed emergency psychiatric examination half year before hospitalization due to deregulated behaviour in relation to persecutory delusions triggered by the regular use of cannabis. Before hospital treatment there was a two years history of

persecutory, reference and erotic delusions, auditory hallucinations, sleeping disturbances and during hospital time elevated mood. Laboratory results and brain imaging were unremarkable. He was diagnosed with schizoaffective disorder and cannabis abuse. During the following month he was treated with an atypical antipsychotic and a mood stabiliser and his psychotic and manic symptoms improved. With these drugs and cannabis abstinence, he almost enjoyed normal life and work.

Conclusions: Late onset psychosis is due to a wide range of clinical conditions. The evolution and presentation of psychotic and affective symptoms in this patient made us think of schizoaffective disorder as main diagnosis.

Conflict of interest: No

Keywords: symptomatology; schizophrenia; schizoaffective disorder; misdiagnosis

EPV1217

A 40-years old man with first schizophrenic episode: a case report

N. Curk Fišer* and R. Tavčar

University psychiatric clinic Ljubljana, Unit For Rehabilitation, Ljubljana, Slovenia

*Corresponding author.

Introduction: First-time presence of schizophrenic symptoms in 40-year old person is rare. The complex symptomatology of schizoaffective disorder makes a misdiagnosis highly likely.

Objectives: To present a case of schizoaffective disorder.

Methods: Medline search and review of the clinical history and the related literature.

Results: We present the case of a 40-year-old who suffered psychotic symptoms for the first time. According to the psychiatric history, this patient has needed emergency psychiatric examination half year before hospitalization due to deregulated behaviour in relation to persecutory delusions triggered by the regular use of cannabis. Before hospital treatment there was a two year history of persecutory, reference and erotic delusions, auditory hallucinations, sleeping disturbances and during hospital time elevated mood. Laboratory results and brain imaging were unremarkable. He was diagnosed with schizoaffective disorder and cannabis abuse. During the following month he was treated with atypical antipsychotic and mood stabiliser and his psychotic and manic symptoms improved. With these drugs and cannabis abstinence, he almost enjoyed normal life and work.

Conclusions: Late onset psychosis is due to a wide range of clinical conditions. The evolution and presentation of psychotic and affective symptoms in this patient made us think of schizoaffective disorder as main diagnosis.

Conflict of interest: No

Keywords: symptomatology; schizophrenia; schizoaffective disorder; misdiagnosis

EPV1218

Management of late onset schizophrenia and delusions of influence: a patient with no awareness of disease

A.O. De Benito Cháfer* and E. Ibáñez Martínez

Hospital Universitario de Fuenlabrada, Psiquiatría, Fuenlabrada, Spain

*Corresponding author.

Introduction: Amongst psychotic disorders, late-onset schizophrenia is rare. It debuts after 40 years of age and is associated with forthcoming psychosocial factors, higher relational, educational and laboral achievement, female and paranoid subtype preponderance, lower rates of substance use, and weaker family history of schizophrenia. Phenomenologically, auditory hallucinations predominate but there is a higher proportion of other modalities.

Objectives: Succeed in the understanding of the course of late-onset schizophrenia, which could go unnoticed for a long time, resulting in delay in diagnosis and in torpid recovery.

Methods: Presentation of a case and review of the scientific literature.

Results: We report the case of a 57-year-old man with two previous referrals to Mental Health due to psychotic symptomatology, which apparently started eleven years prior, never being evaluated. Up until the debut of the disease he had been married and held various jobs, having isolating himself from the family, coming to live in unsanitary conditions and being completely invaded by the experience of being influenced by an otherworldly force, generating insidious changes in his personality and behaviour. Eventually, he filed a complaint against “the power of the dead” and the forensic specialist requested a psychiatric report, so he was evaluated and admitted involuntarily to the psychiatric unit, staying two months. He was diagnosed with paranoid schizophrenia and treated with antipsychotics, currently being monitored.

Conclusions: We illustrate late-onset schizophrenia in men and the relevance of a proper and early diagnosis; highlighting the risks of overlooking these patients, with the potential repercussions in their own means to function in society.

Conflict of interest: No

Keywords: paranoid schizophrenia; late onset schizophrenia; delusions of influence; no awareness of disease

EPV1219

First approach to delusional parasitosis: how a delayed and improper diagnosis can influence a person's wellbeing

A.O. De Benito Cháfer*, C. Martín Álvarez, S. Martín Galeote, B. Ventura Tejerina, E. Rodríguez Soria, P. Nasarre Grasa and L. De Antonio Pastor

Hospital Universitario de Fuenlabrada, Salud Mental, Fuenlabrada, Spain

*Corresponding author.

Introduction: Amongst delusional disorders, delusional parasitosis or Ekbom's syndrome is relatively infrequent. These patients report an unwavering false belief of skin infestation due to sense-perceptive hallucinations, despite the absence of any medical evidence. There are two forms of delusional parasitosis: in the primary form the delusion of parasitic infection is the only symptom present, whereas in the secondary form it occurs alongside another psychiatric disorder, such as schizophrenia, drug abuse or an organic cause. Antipsychotics are the most used treatment.

Objectives: Presentation of a case and discussion of first approach to delusional parasitosis.

Methods: Presentation of a case and a small review of the scientific literature available in PubMed.

Results: Caucasian, 49-year-old woman reported a not-confirmed toe nail fungic infection one year prior, progressing with the subjective sensation of spreading to the rest of the body.

Consequently, she employed diverse topical and oral remedies without medical supervision. One month prior she got medical assessment in a different medical centre, being evaluated by Dermatology and Psychiatry, getting the diagnosis of delusional parasitosis despite a lack of a battery of tests. She is given treatment, with no adherence. She escalated into more aggressive compulsions of cleansing, resulting in excoriations and scaldings, with increasing difficulties to lead her life.

Conclusions: We illustrate the relevance of close multidisciplinary cooperation and the use of an adequate battery of tests to rule out an organic cause. An early diagnosis is key, as a therapeutic alliance prevents the patients from isolation and the development of depression symptoms, or else, of self-harm.

Conflict of interest: No

Keywords: Ekblom's syndrome; Tactile hallucinations; Delusional disorder; Delusional parasitosis

EPV1220

An attachment perspective on high risk for psychosis: clinical correlates and psychosis' predictive value of attachment patterns and mentalization

G. Di Cicilia^{1*}, T. Boldrini², A. Tanzilli¹, M. Pontillo³, S. Salcuni², S. Vicari³ and V. Lingiardi¹

¹Sapienza University of Rome, Department of Dynamic And Clinical Psychology, Rome, Italy; ²University of Padova, Department of Developmental Psychology And Socialization, Padua, Italy and ³Children Hospital Bambino Gesù, Department of Neuroscience, Child And Adolescence Neuropsychiatry Unit, Rome, Italy

*Corresponding author.

Introduction: Identifying people at clinical high-risk (CHR) for psychosis facilitates the development of intervention strategies aimed to prevent the onset of a full-blown psychosis. There is evidence linking attachment adversity and poor mentalization to the risk for developing psychosis.

Objectives: In this study we aimed at: (1) investigating attachment patterns in a clinical sample of adolescent/young adult help-seekers and comparing the distribution of attachment patterns in CHR vs non-CHR subjects; (2) exploring the association between reflective functioning and subclinical psychotic symptoms; and (3) longitudinally examining the predictivity of attachment patterns, reflective functioning, and the interaction between them, with respect to transition to psychosis.

Methods: 57 CHR outpatients were compared with 53 other outpatients who did not meet the high-risk criteria. A multi-method diagnostic assessment was implemented, including the Structured Interview for Prodromal Syndromes (SIPS). Adult Attachment Interview was also administered, and the transcripts were further assessed using the Reflective Functioning (RF) Scale. Participants were followed-up over a mean period of 14 months.

Results: CHR status was negatively associated to secure attachment patterns and positively associated to dismissing attachment patterns ($\chi^2=6.98$, $p=0.03$). The RF scores were significantly lower in the CHR sample ($t=3.99$; $p<.001$) and significant correlations between RF and SIPS subscales were found. Moreover, we found a significant effect of RF on the probability of transit in psychosis ($\beta=.75$, $p=.03$; $OR=.473$, 95% CI: .242, .924).

Conclusions: Our results suggest that attachment-informed and mentalization-based psychotherapies may be effective preventive treatments for CHR patients.

Conflict of interest: No

Keywords: reflective functioning; clinical high risk for psychosis; Attachment Patterns; mentalization

EPV1223

Baseline sociodemographic and clinical characteristics in the first episode psychosis program of navarra (pepsna).

E. García De Jalón^{1*}, M. Martínez Moneo², M.C. Ariz¹, L. Azcarate¹ and A. Fernández Falces¹

¹Servicio Navarro de Salud, Servicio De Psiquiatría. Primeros Episodios., Pamplona, Spain and ²SNS-O, Servicio De Psiquiatría. Primeros Episodios., Pamplona, Spain

*Corresponding author.

Introduction: A program of First Episodes Psychosis has been implemented in Navarra

Objectives: To describe the baseline sociodemographic and clinical characteristics of patients attending the PEPsNa.

Methods: We present the baseline results of the sample

Results: To date, 211 patients have been treated. Mean age: 29.9 years (SD: 10.5). Gender: 67.8% male. Ethnicity: 73% Caucasian, 15.2% Latin American, 5.7% African and 3.8% Arab. Marital status: 70% were single. Housing: 49.5% live with their parents or family. Employment and occupation: 42.7% of patients have a job or carry out standardised studies. 33.5% are long-term unemployed. DUP: The duration of untreated psychosis is 19.5 months (SD 46.9). The premorbid GAF score is 71.5 and the GAF score of the episode is 30.35. Referrals: 56.7% of patients are referred from the acute psychiatric hospitalization unit and a 30% from Mental Health Centres. Substance abuse: only 20% of patients do not consume any substance. The most consumed drugs are alcohol (75%), cannabis (57.8%) and stimulants (37%). Baseline diagnosis: brief psychotic disorder (42.9%), unspecified psychotic disorder (20%), schizophrenia (14.6%) and substance-induced psychotic disorder (11.7%). Psychopathology: CASH (global rating) for psychotic syndrome: 3.7 (SD 1.1); disorganised syndrome: 2.2 (SD 1.5); negative syndrome: 1.2 (SD 1.3). Treatment: 15.5% of patients received no antipsychotic treatment. The most frequent antipsychotic is risperidone (40.8%). Basal metabolic syndrome: 4% of patients meet criteria.

Conclusions: We highlight data such as a short dup that may be related early intervention, substance use is very frequent and Metabolic Syndrome is present from the beginning of the disease

Conflict of interest: No

Keywords: First Episode Psychosis Program; premorbid functioning; Duration of Untreated Psychosis; Early treatment psychosis

EPV1224

Childhood trauma, schizophrenia and suicidality

J.S. García Eslava^{1*}, M.-J. Alvarez², P. Roura-Poch³, E. Tasa-Vinyals², H. Masramon⁴, A. González-Vázquez⁵ and Q. Foguet-Boreu²

¹Hospital Universitario de Vic, Psychiatry And Mental Health, Vic, Spain; ²Consorci Hospitalari Vic, Mental Health Department, Vic, Spain; ³Consorci Hospitalari Vic, Epidemiology Department, Vic, Spain; ⁴Clínica Sant Josep, Mental Health Department, Vic, Spain and ⁵Complejo Hospitalario Universitario de A Coruña, Mental Health Department, A Coruña, Spain

*Corresponding author.

Introduction: Childhood trauma is the main non-hereditary factor that has proved a strong link to schizophrenia development in adulthood. All kinds of interpersonal childhood trauma have been linked to psychosis. Young age and poly-victimisation increase likelihood for trauma-related psychosis onset.

Objectives: 1) Describe childhood traumatic experiences of patients with schizophrenia, 2) Assess relationship between trauma and suicidal history in these patients.

Methods: Retrospective study including adult patients diagnosed with schizophrenia spectrum disorders. Childhood trauma was assessed with the Childhood Trauma Questionnaire (CTQ-SF), which includes 28 items grouped into 5 specific factors (physical, emotional and sexual abuse, physical and emotional neglect).

Results: Forty-five patients (55.5% men, mean age: 41.1 years) were included. 77.8% had experienced childhood trauma, with no significant gender differences (48.9% emotional abuse, 28.9% physical abuse, 40.0% sexual abuse, 55.6% emotional neglect, 46.7% physical neglect). 31.1% reported severe poly-victimisation (≥ 4 types of trauma). Childhood trauma was significantly related with lifetime suicidal history for patients with any sort of abuse ($p=0.001$), emotional abuse ($p=0.017$) and physical neglect ($p=0.028$). Likelihood of suicidal behaviour was doubled in patients who had been sexually abused during childhood ($p=0.063$).

Conclusions: More than 3/4 of schizophrenia spectrum patients were abused during childhood and 3 out of 10 patients suffered from more than 3 types of abuse. Childhood trauma is a risk factor for lifetime suicidal behaviour. Systematic inquiry on childhood abuse in these patients is recommended.

Conflict of interest: No

Keywords: schizophrenia; Suicide; Childhood trauma; psychosis

EPV1227

Using moca for cognitive impairment screening in long-term psychosis patients

G. Gil Berrozpe^{1*}, A. Sánchez-Torres¹, E. García De Jalón¹, L. Moreno-Izco¹, L. Fananas², V. Peralta¹ and M. Cuesta¹

¹Complejo Hospitalario de Navarra, Servicio De Psiquiatría, Pamplona, Spain and ²University of Barcelona, Evolutionary Biology, Barcelona, Spain

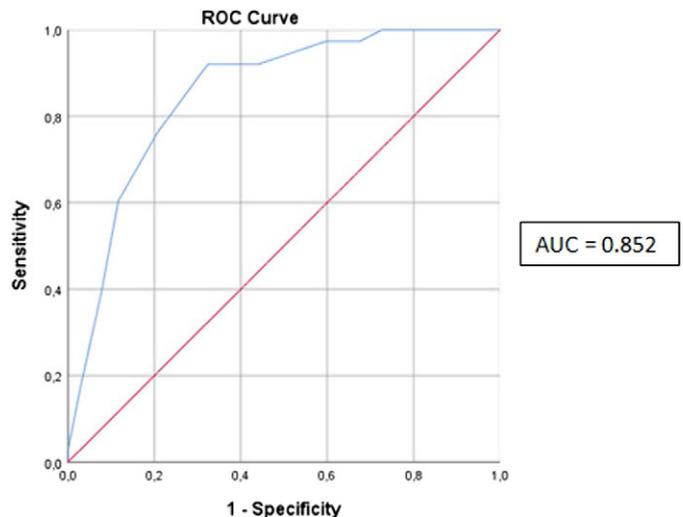
*Corresponding author.

Introduction: Cognitive impairment is a key feature in patients with psychotic disorders. The Montreal Cognitive Assessment (MoCA) is a brief tool that has been shown to be effective in identifying mild cognitive impairment and early dementia.

Objectives: This study explores the usefulness of this instrument to detect cognitive impairment in long-term psychotic disorders.

Methods: One hundred-forty stabilized patients were re-evaluated more than 15 years after a First Episode of Psychosis (FEP). Patients were psychopathologically assessed, and the MoCA test and Measurement and Treatment Research to Improve Cognition in Schizophrenia (MATRICS) battery were administered. Two cut-off scores for cognitive impairment using the MATRICS battery were applied (T score <40 and <30).

Results: Concurrent validation was found between the total scores of the MoCA and MATRICS. We also found significant associations between 5 out of 7 MoCA subtests (visuospatial-executive, attention, language, abstraction and delayed recall) and MATRICS subtests but not for the naming and orientation MoCA subtests. Receiver operating characteristic (ROC) analysis suggested a <25 cut-off for cognitive impairment instead of the original <26 .



MoCA	MATRICS							
	Speed of processing	Attention/Vigilance	Working memory	Verbal learning	Visual learning	Reasoning and problem solving	Social cognition	Composite score
Visuospatial / Executive	.505**	.288	.522**	.490**	.515**	.358**	.167	.557***
Naming	.208	.068	.127	.222	.131	.039	.139	.136
Attention	.576**	.307*	.587**	.443**	.433**	.289*	.171	.535***
Language	.494**	.366**	.509**	.436**	.375**	.279*	.301*	.485***
Abstraction	.452**	.203	.323**	.376**	.201	.166	.350**	.344***
Delayed recall	.344**	.091	.267	.428**	.420**	.237	.079	.351***
Orientation	.214	.038	.224	.260	.233	.088	-.004	.194
Total score	.687***	.372***	.630***	.629***	.589***	.403***	.276*	.710***

* $p<.05$ significance level

** $p<.01$ significance level

*** $p<.001$ significance level

Conclusions: Our results suggest that the MoCA test is a useful screening instrument for assessing cognitive impairment in psychotic patients and has some advantages over other available instruments, such as its ease-of-use and short administration time.

Conflict of interest: No

Keywords: schizophrenia; psychosis; Cognitive impairment; Cognitive screening

EPV1228

Cognitive profile of long-term outpatients with psychotic disorders in the mccb.

A. Sánchez-Torres*, G. Gil Berrozpe, L. Moreno-Izco, E. García De Jalón, V. Peralta, M. Cuesta and S. Group

Complejo Hospitalario de Navarra, Servicio De Psiquiatría, Pamplona, Spain

*Corresponding author.

Introduction: Cognitive impairments in psychotic disorders have been reported as a continuum in severity, from schizophrenia spectrum disorders (more severe) to affective disorders (less severe) (Hill et al 2013). However, findings to date have been inconsistent (Reichenberg et al 2019).

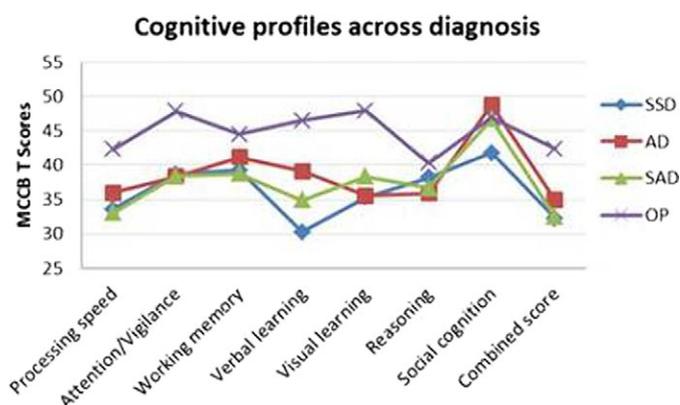
Objectives: To establish the cognitive profiles in the MATRICS Consensus Cognitive Battery (MCCB) of a sample of patients with psychotic disorders, according to their diagnosis.

Methods: 172 outpatients with psychosis were assessed with the MCCB. Patients were grouped considering their diagnosis: Schizophrenia spectrum disorders (SSD, $n=69$); Affective disorders (AD, $n=46$), Schizoaffective disorders (SAD, $n=39$), Other psychoses(OP,

n=18), including patients with one or more psychotic episodes in the past which remitted and do not meet diagnostic criteria for a current psychotic disorder.

Results: Patients with SSD showed worse performance on attention, verbal and visual learning, and combined score of the MCCB, with respect to the OP group. They also underperformed AD group in verbal learning and social cognition. AD patients showed worse performance than OP patients in processing speed and visual learning tasks. SAD patient only showed significant differences in attention scores, with respect to OP patients (Table 1, Fig. 1).

MCCB COGNITIVE DOMAINS	SSD (n=69)		SAD (n=39)		AD (n=46)		OP (n=18)		ANOVA	
Processing speed	33,59	14,07	33,05	10,61	36,00	10,97	42,33	12,87	F=2.78 p=.04	n.s.
Attention/Vigilance	38,65	11,90	38,42	8,69	38,34	12	47,83	11,94	F=3.61 p=.02	SSD,AD, SAD<OP
Working memory	39,25	12,45	38,74	12,66	41,20	12,27	44,50	11,88	F=1.12 p=.34	n.s.
Verbal learning	30,32	16,11	34,92	13,43	39,11	16,45	46,50	13,18	F=6.34 P<0.001	SSD<AD, OP
Visual learning	35,37	17,21	38,30	13,90	35,56	13,61	47,89	12,40	F=3.56 p=.02	SSD, AD<OP
Reasoning	38,21	11,51	36,70	10,25	35,89	8,70	40,33	13,00	F=0.92 p=.43	n.s.
Social cognition	41,84	11,89	46,73	12,06	48,75	10,87	46,94	11,96	F=3.27 p=.04	SSD<AD
Combined score	32,25	13,93	32,52	12,54	34,90	12,83	42,39	16,03	F=2.73 p=.05	SSD<OP



Conclusions: SSD patients showed the most severe cognitive impairment with respect to OP patients. These results suggest a similar profile of impairment in SSD, SAD and AD, and significant differences in severity regarding OP patients. OP patients as a group showed average performance in all the cognitive functions explored.

Conflict of interest: No

EPV1229

Cognitive network analysis in psychosis

A. Sánchez-Torres¹, G. Gil Berrozpe^{1*}, L. Moreno-Izco¹, G. Mezquida², M. Parellada³, I. Corripio⁴, M. Bernardo⁵, M. Cuesta¹ and G. Peps¹

¹Complejo Hospitalario de Navarra, Servicio De Psiquiatría, Pamplona, Spain; ²Hospital Clínic de Barcelona, Barcelona Clinic Schizophrenia Unit, Barcelona, Spain; ³University Hospital Gregorio Marañón, Child And Adolescent Psychiatry, Madrid, Spain; ⁴Hospital de la Santa Creu i Sant Pau, Psychiatry, Barcelona, Spain and ⁵Hospital Clínic, University of Barcelona, IDIBAPS, CIBERSAM, Schizophrenia Unit, Institute of Neuroscience, Barcelona, Spain

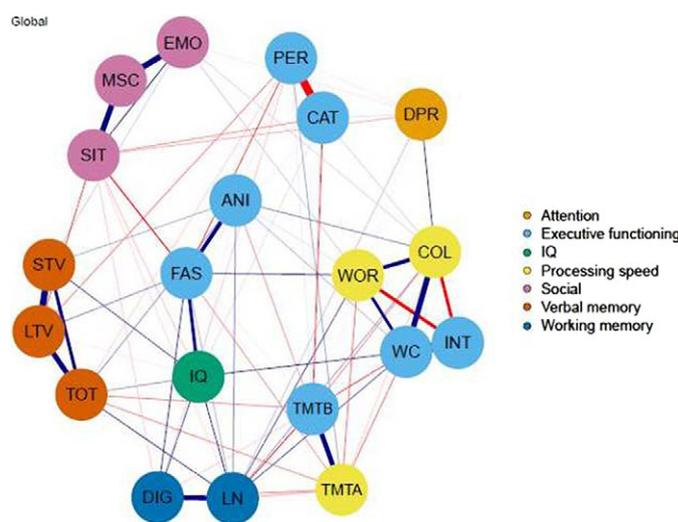
*Corresponding author.

Introduction: Network analysis represents a promising approach to study the relationships between Clinical and cognitive variables in psychiatric disorders. However, only one study to date has studied cognition in patients with psychosis using network analysis (Chang et al 2019).

Objectives: To examine the relationships between a set of neuropsychological variables using the network analysis in a sample of patients with first episode psychosis (FEP)

Methods: 266 patients with a FEP were assessed with a set of neuropsychological tests, including measures of premorbid IQ, attention, working memory, verbal memory, processing speed, executive functions and social cognition. Network analysis was applied using the qgraph package of R-Studio software, to obtain the relationships among cognitive scores controlling for the influence of all the other variables in the network.

Results:



The interrelations between the nodes in the cognitive network of this sample of patients with FEP showed a strong association between the measures of each neuropsychological test. Cognitive domains established a priori were validated by the network only in those measures that belonged to the same test (verbal memory and social cognition). However, measures corresponding to processing speed and executive function showed different interconnection patterns, according to the tests and not to the cognitive domains.

Conclusions: The network shows strong relationships between the variables of each test. However, the strength of some of the connections do not correspond with 'a priori' cognitive domains when different tests are involved. Further research is needed to ascertain whether this structure is replicated.

Conflict of interest: No

EPV1230

The cains scale in schizophrenia spectrum psychosis. factorial and concurrent validity and its relationship with psychosocial functioning

G. Gil Berrozpe*, A. Sánchez-Torres, L. Moreno-Izco, V. Peralta and M. Cuesta

Complejo Hospitalario de Navarra, Servicio De Psiquiatría, Pamplona, Spain

*Corresponding author.

Introduction: Negative symptoms are a core feature of schizophrenia. The CAINS (Clinical Assessment Interview for Negative Symptoms) is an empirically-developed "second generation" scale for the assessment of negative symptoms.

Objectives: We examined the psychometric properties of the CAINS scale and their comparative value regarding the Scale for the Assessment of Negative Symptoms (SANS) for predicting psychosocial outcome

Methods: A total of 98 consecutive admissions with schizophrenia spectrum psychosis were administered the SANS at admission and discharge times, and the CAINS at discharge time. The Global Assessment of Functioning (GAF) and World Health Organization Disability Assessment Schedule (WHODAS) were used for the assessment of psychosocial functioning.

Results: The CAINS motivation/pleasure and expression subscales correlated significantly with all of the SANS subscales, both for admission and discharge, with the exception of attention.

The CAINS motivation/pleasure score was significantly associated with other psychopathological dimensions at discharge, such as positive, disorganized and illness unawareness dimensions but inversely with mania dimension. And the CAINS expression subscale was only inversely and significantly associated with mania dimension at admission.

Factor analysis of CAINS items revealed a two-dimensional structure that explained the 81.62% of the variance.

Both CAINS and SANS subscales were strongly associated with WHODAS and GAF psychosocial functioning scores.

Conclusions: These findings suggest that the CAINS Spanish version is a valid tool for measuring negative symptoms in schizophrenia. And despite both high scores on both CAINS and SANS scales showed significant associations with poor functioning, it seems that the associations of CAINS scores were less strong than those of SANS scale.

Conflict of interest: No

Keywords: CAINS; SANS; psychosis; psychosocial functioning

EPV1231

The impact of sex differences in negative symptoms and real-life functioning predictors in subjects with schizophrenia

G.M. Giordano^{1*}, S. Galderisi¹, A. Mucci¹, P. Bucci¹, A. Vignapiano¹, A. Rossi², P. Rocca³, A. Bertolino⁴ and M. Maj¹

¹University of Campania "Luigi Vanvitelli", Department of Psychiatry, Naples, Italy; ²University of L'Aquila, Department of Biotechnological And Applied Clinical Sciences, Section Of Psychiatry, L'Aquila, Italy;

³University of Turin, Department of Neuroscience, Section Of Psychiatry, Turin, Italy and ⁴University of Bari, Department of Neurological And Psychiatric Sciences, Bari, Italy

*Corresponding author.

Introduction: Gender differences have an impact on the course of schizophrenia. Earlier age of onset, worse premorbid functioning, more severe negative symptoms and cognitive impairment are reported in males and might be associated with poor functioning.

Objectives: Within the Italian Network for Research on Psychoses, we investigated, in a sample of 280 females (F) and 641 males (M) with chronic schizophrenia, the frequency of negative symptoms and their impact on real-life functioning, controlling for the major causes of secondary negative symptoms and neurocognitive impairment.

Methods: BNSS assessed negative symptom domains: anhedonia, asociality, avolition, blunted affect and alogia. Linear regression analyses investigated the predictors of real-life functioning domains (assessed with the SLOF): interpersonal relationships (IR), everyday life activities (AC) and work skills (WS). Depression, parkinsonism, positive and disorganization dimensions, neurocognitive composite score and BNSS domains were used as independent variables.

Results: M showed a greater impairment in functioning and higher frequency of negative symptoms than F. Impairment in IR was predicted by asociality, alogia and disorganization in M; by asociality, positive dimension and anhedonia in F. In M, deficit in AC was predicted by disorganization, alogia, neurocognitive impairment, avolition and positive dimension. In F, disorganization and neurocognitive impairment predicted the deficit in AC. WS deficit was predicted by disorganization, neurocognitive impairment, anhedonia, positive dimension and parkinsonism in M; by disorganization, avolition and neurocognitive impairment in F.

Conclusions: Our results support the higher frequency of negative symptoms in M and demonstrate gender-related differences in factors associated with poor functioning, suggesting the importance of individualized gender-specific rehabilitation programs.

Conflict of interest: No

Keywords: negative symptoms; functioning; schizophrenia; Gender

EPV1233

Can the attitude of the patients change to injectable medication when they know the existence of quarterly formulation?

H.-B.J. Min Kim¹, L. Velilla Diez² and I. González Rodríguez^{3*}

¹COMPLEJO ASISTENCIAL UNIVERSITARIO DE LEON, Psiquiatría, LEON, Spain; ²CAULE, Psychiatry, LEON, Spain and

³Complejo Asistencial Universitario de León, Psiquiatría, León, Spain

*Corresponding author.

Introduction: The degree of acceptance of long-term injectable medication is still controversial. Could this trend change as patients know the existence of a quarterly formulation?

Objectives: The present study attempts to test whether the introduction of injectable PILP injection medication on a quarterly basis implies a change in acceptance and attitudes toward injectable medication.

Methods: It is a descriptive study that collects data from patients with an initial negative attitude towards an injectable treatment and who changes when they know the existence of a quarterly formulation.

Results: In our study we used the ICD scale (N = 50), finding a difference mayor of 3 positive points when starting treatment with quarterly PILP suggests a good predisposition and a change of attitude of the patients when knowing the existence of a quarterly injectable formulation

Conclusions: Acceptance of treatment by the patient is of great importance as an integral part of their recovery process.

Limitations:

- Scarce total number of cases and need for validation with more detailed scales

- Need a longer study since it is done in an outpatient setting

Strengths:

- Reflects the "real" attitude of patients with regard to injectable medication

- Allows the patient to make decisions regarding their treatment In this study, we observed that the treatment with quarterly PILP is a benefit for the patient perceived by the patient, with a more adequate attitude and a better acceptance of an injectable treatment, which leads to a substantial improvement in their quality of life and the prognosis of her illness

Conflict of interest: No

Keywords: Attitude; schizophrenia; quarterly formulation

EPV1236

The prevalence of hyperprolactinemia among acute admitted women with recurrent schizophrenia

M. Herceg^{1*}, K. Puljić² and D. Herceg³

¹School of Medicine, University of Zagreb, Croatia²University Psychiatric Hospital Vrapče, Zagreb, Croatia, Department For Psychotic Disorders, Zagreb, Croatia; ³University Psychiatric Hospital Vrapče, Department For Psychotic Disorders, Zagreb, Croatia and ³School of Medicine, University of Zagreb, School of Medicine, Zagreb, Croatia

*Corresponding author.

Introduction: Hyperprolactinemia is a frequent but neglected adverse effect observed in patients treated with antipsychotic-drugs. The prevalence of hyperprolactinemia among psychiatric patients receiving antipsychotic medications was estimated to be between 30% and 70%. An English study showed that 18% of men and 47% of women treated with antipsychotics for severe mental illness had a prolactin level above the normal range (Besnard et al. 2014).

Objectives: Hyperprolactinemia is in fact more frequent in women than in men. Sometimes it is asymptomatic, but the higher the prolactin level is, the more patients have clinical manifestations.

Methods: The sample consisted of 119 consecutively acute admitted women, aged 18 to 45 years with recurrent schizophrenia diagnosed on bases of DSM-5 criteria. Assessment for all the enrolled subjects comprised a psychiatric evaluation and blood draw to determine the prolactin level. Hyperprolactinemia was defined as a level of prolactin above the upper limit of normal (>23.00 µg/L for females).

Results: Hyperprolactinemia was detected in 74.79% patients (n=89), whereas the group without hyperprolactinemia comprised 25.21% of the sample.

Conclusions: The percentage of hyperprolactinemia of 74,79% in this study can be attributed to the fact that the sample consisted of women with recurrent schizophrenia who were receiving antipsychotic medication for a period of time. Our findings may support a possible role of hyperprolactinemia in recurrent episodes of schizophrenia in female patients (taking into account the total number of subjects with elevated prolactin levels), but further research is required to confirm these results.

Conflict of interest: No

Keywords: women; prolactin; acute admission; schizophrenia

EPV1237

Narrative therapy in psychosis recovery

J. Herranz-Herrer^{1*}, B. Estevez-Peña², E. Gil-Benito², Y. Corres-Fuentes¹, T. Ponte-López², S. Boi¹, T. González-Salvador¹ and I. Sánchez-Rivero³

¹Hospital Universitario Puerta de Hierro de Majadahonda, Psychiatry, Majadahonda, Spain; ²Hospital Universitario Puerta de Hierro, Majadahonda, Madrid, Spain and ³Hospital Puerta de Hierro de Majadahonda, Majadahonda, Madrid, Spain

*Corresponding author.

Introduction: Facing extreme life experiences can impoverish the ability to narrate experience and self. Descriptive psychiatry's model of psychoeducation focusing insight in psychosis may fail its purpose and threaten the already damaged patient's identity. Through the process of accepting illness, a value-bearing individual can end up being considered dysfunctional and worthless and experience guilt, shame, hopelessness, demoralization and helplessness. Elseway, denying illness would be considered proof of anosognosia. Both situations may lead to illness narratives introjection, agency loss, own beliefs and competency mistrust and stagnation.

Objectives: The aim is to show narrative therapy as an advantageous complement or alternative to objective psychiatry psychoeducation in psychosis clinical practice. Reintegrate one's life narratives and retrieve recovery agency is one of the most powerful, adaptative and healing a person can accomplish.

Methods: Narrative model encourages the patient to build and tell coherent and desirable stories in which recovery is promoted, from a personal point of view, and validates these. A non-pathologizing speech, normalization, externalization, empathy, respect and kindness are recommended. It is fostered to embrace different truths and alternative versions of self, promoting dialogue and cooperation between selves to dynamize identity narratives and allow choosing a preferred self in each situation. Exploiting personal resources is encouraged.

Results: The person feels reauthorized in the direction of life and recovery, starts narrating personal life stories and recover the possibility of social interaction.

Conclusions: Through recovery process, the person regain an integrated sense of identity, separated from illness and develop an author-narrator-protagonist role in his own life story and the recovery process.

Conflict of interest: No

Keywords: Recovery; psychosis; narrative; psychoeducation

EPV1238

Hero's journey in psychosis recovery

J. Herranz-Herrer^{1*}, S. Castelao Almodovar¹, P. Maguilla Franco¹, L.M. Solari-Heresmann¹, T. Ponte-López², E. Gil-Benito² and H. Blasco-Fontecilla¹

¹Hospital Puerta de Hierro de Majadahonda, Majadahonda, Madrid, Spain and ²Hospital Universitario Puerta de Hierro, Majadahonda, Madrid, Spain

*Corresponding author.

Introduction: Narrative therapy in psychotic patients shows recovery as an adaptative process: the personal recovery journey. Myths have always brought cultural and institutional cohesion and bind all human beings in any era or country. Hero's Journey is a myth that appeals to any person who faces life challenges. The hero is an example of courage, strength, and resilience who resist setbacks and obstacles and in doing so experiences an identity transformation. The victory of the heroine is the victory of all mankind. When he returns from the journey he shares knowledge with the rest of the inhabitants of the "ordinary world". In Myth, this knowledge

transcends intrahistory, and becomes part of popular culture outside the tale.

Objectives: The aim of this work is to adapt Hero's Journey scheme to narrative psychotherapy in psychosis.

Methods: The person is invited to his own-Hero's Journey and encouraged to try identities and coping strategies through narrative approach, metaphors and hope speech that normalizes recovery. The therapist doesn't show the way but motivates the individual to undertake a journey towards well-being and develop his potential overcoming difficulties along the way.

Results: The journey teaches that challenges can be embraced and profitable. Narrative processing systems steered and blocked by illness are now dynamized, promoting desirable identity narratives and integrating them in one's self.

Conclusions: Recovery journey is an adaptation, growth and self-discovery journey whose goal is individual fulfillment and well-being. The "psychotic" person puts himself into a position to start high personal value trips and to become the author-narrator-hero of his life story.

Conflict of interest: No

Keywords: Hero's Journey; psychosis; Recovery; narrative therapy

EPV1239

Auditory vocal hallucination treatment in outpatient's clinic

P. Hjorth^{1*} and H. Juel²

¹Psychiatry, Region of Southern Denmark, Vejle, Vejle, Denmark and ²Psychiatry, Region of Southern Denmark, Outpatients Clinics, Vejle, Denmark

*Corresponding author.

Introduction: Studies have shown that up to 40% with a diagnose of schizophrenia have hearing hallucinations after optimal pharmacological treatment. Experience shows that patients who hear voices can develop and improve their relationship with the voices and manage his voices in a better way.

Objectives: We wish to evaluate the Auditory vocal hallucination treatment.

Methods: The hearing voices therapy is a supplement to existing treatment and is done with understanding and interpretation of the voices in order to reduce anxiety for the voices as well as to master and interpret the voices so that they become "useful" to the patient. The professional attitude is accommodating, non-confrontational and not requiring the patient to change relationship with his voices. Purpose of group treatment: To share the experience of hearing voices. To gain better acceptance and knowledge of hearing voices. To achieve better cooperation with their voices in an equal relationship. Learning to interpret their voices and break isolation. Measures: Auditory Vocal Hallucination Rating Scale (AVHRS). Sleep (Pittsburgh Sleep Quality Index).

Results: 21 patients participated. On average they scored high on AVHRS. The patients had very bad sleep quality. The women had a decrease in AVHRS (2.1; $p=0.03$) after 1 years.

Conclusions: The group treatment was acceptable for the patients and the study found positive outcomes for female sex. The study can be followed by a larger RCT.

Conflict of interest: No

Keywords: auditory verbal hallucinations; schizophrenia; group therapy

EPV1240

The outset of schizophrenia through suicide attempt

F.P. Iliuta^{1*}, A. Buduru¹, M. Manea¹ and O. Manea²

¹Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia", 7, Bucharest, Romania and ²Clinical Hospital CF2, Psychiatry, Bucharest, Romania

*Corresponding author.

Introduction: Nowadays, suicide and attempted suicide set up a major impact on individuals' life; studies show that every year around 800.000 people die due to suicide. Needless to highlight the importance of identifying correctly the population at risk, even more when we discuss about psychiatric patients. One of the psychiatric disorders that goes hand in hand with high mortality through suicide is schizophrenia.

Objectives: The following presentation case reveals the situation of a 26 years old subject, Caucasian male, intellectual, without any somatic or psychiatric records, who came to the emergency room after an attempted suicide by defenestration.

Methods: As time went on, the patient's evolution was towards schizophrenia.

Results: Among other risk factors, on long-term, suicide attempts may be consider a significant agent for the development of schizophrenia.

Conclusions: Therefore, a patient with suicide attempt/s must be carefully evaluated, counseled, observed and treated for a long period of time, as this event/s opens the door for various mental illnesses (including schizophrenia).

Conflict of interest: No

Keywords: Suicide; schizophrenia; rash act; risk factors

EPV1241

Tobacco intensive motivational and estimate risk (timer). study protocol for a randomized controlled trial

M.J. Jaen-Moreno^{1*}, C. Ruiz Rull², F. Valdivia³, M. Valverde⁴, M.I. Osuna⁵, I. Caro⁵, D. Martin⁵, F.J. Montiel⁶ and F. Sarramea Crespo³

¹Instituto de Investigación Biomédica de Córdoba. Universidad de Córdoba, Psiquiatría, Córdoba, Spain; ²Instituto de Investigación Biomédica de Córdoba., Hospital Universitario Reina Sofía, Córdoba, Spain; ³Instituto de Investigación Biomédica de Córdoba., Hospital Universitario Reina Sofía. Psiquiatría, Córdoba, Spain; ⁴Hospital Ciudad de Jaen, Unidad De Salud Mental Andujar, Andujar, Spain; ⁵Hospital Virgen de la Victoria, Psiquiatría, Málaga, Spain and ⁶Hospital Ciudad de Jaen, Unidad De Salud Mental, Jaen, Spain

*Corresponding author.

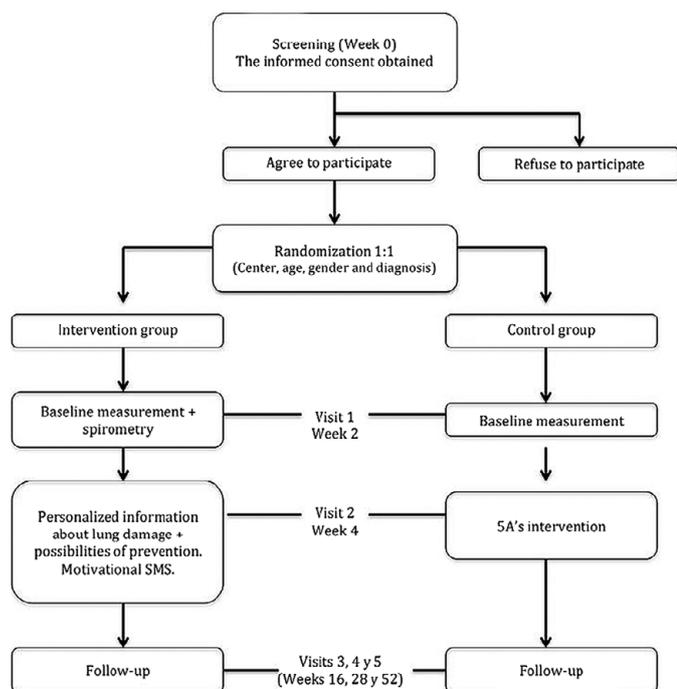
Introduction: Patients with serious mental illness (SMI) reduced life expectancy by up to 20 years. Smoking is the main preventable risk factor in relation to reducing mortality. Developing new tools to motivate patients towards cessation of smoking is a priority.

Objectives: The objective is to evaluate the effectiveness to quit smoking of an intensive antitobacco intervention on lung damage and possibilities of prevention in patients with schizophrenia or bipolar disorder to quit smoking.

Methods: It is a 12-month follow-up, multicenter study to evaluate an intensive motivational tool based on the individual risk of

pulmonary damage and prevention opportunities. A minimum of 204 smokers will be included, aged over 40 years old, all of whom are patients diagnosed with either schizophrenia or bipolar disorder (BD). Chronic obstructive pulmonary disease (COPD) will be evaluated using spirometry, and the diagnosis will then be validated by a pneumologist and the lung age estimated. Based on this value, a motivational message about prevention will be issued for the intervention group, which will be reinforced by individualized text messages over a period of 3 months.

Results:



231 subjects were screening but only 160 signed the consent to participate and completed the intervention. 100 completed the follow-up in the intervention group and 97 in the control group.

Conclusions: In the context of community care, screening and early detection of lung damage could potentially be used, together with mobile technology, in order to produce a prevention message, which may provide patients with SMI with a better chance of quitting smoking.

Conflict of interest: No

Keywords: chronic obstructive pulmonary disease; schizophrenia; Bipolar disorder; tobacco cessation

EPV1242

Readiness to change versus stage of change to predict the efficacy of tobacco reduction in severe mental illness

C. Gomez Moreno¹, L. Carrión Expósito², G.I. Del Pozo Seseña³, G.M. Chauca Chauca², J.A. Alcalá Partera³, M.D. Sanchez¹, M.J. Jaen-Moreno^{4*} and F. Sarramea Crespo⁵

¹Instituto de Investigación Biomédica de Córdoba. Universidad de Córdoba, Usmc Andujar, Córdoba, Spain; ²Servicio Andaluz de Salud, Ugc-salud Mental Hospital Infanta Margarita, Córdoba, Spain;

³Instituto de Investigación Biomédica de Córdoba., Hospital

Universitario Reina Sofía. Psiquiatría, Córdoba, Spain; ⁴Instituto de Investigación Biomédica de Córdoba. Universidad de Córdoba, Psiquiatría, Córdoba, Spain and ⁵Instituto de Investigación Biomédica de Córdoba., Hospital Universitario Reina Sofía. Psiquiatría, Córdoba, Spain

*Corresponding author.

Introduction: Patients with schizophrenia or bipolar disorder (BD) continue with tobacco rates similar to the general population were in the 50th. Antitobacco strategies were starting to use in different countries but not always was applied to serious mental illness (SMI). There are two forms to measure the motivation bases in the Prochaska and DiClemente Transtheoretical Model (TTM), the Stage of Change (SOC) or the continuous Readiness to Change (RTC).

Objectives: Evaluate the predictive capacity of the 2 indices for measuring motivation described in the TTM. SOC and RTC.

Methods: 75 adult patients were included in a Multicomponent Smoking Cessation Program (9 months follow-up). At the end of the preparation stage, the patients completed the URICA Scale to measure the SOC and the RTC. Regression analyses were carried out to identify the predictors of the efficacy outcomes: reduction of at least 50% of the cigarettes per day or abstinence or reduction of the carbon monoxide.

Results: We find differences in the measurement of motivational levels independently, but this difference disappeared during the follow-up. In a linear mixed-effects model, the reduction of the CO was significantly associated with the reduction of the CO at the end of the active treatment and during the follow-up (b: -1.51; SD: 0.82; p<0.01).

Conclusions: The level of RTC predicts the reduction of CO at the end of the active phase and at the end of the follow-up. So, clinical practice and research in SMI could consider using the continuous form to examine the level of motivation.

Conflict of interest: No

Keywords: tobacco cessation; Readiness to change; schizophrenia; Bipolar disorder

EPV1246

Cognitive remediation using virtual reality in inpatient acute setting: pilot study

L. Lipskaya-Velikovsky^{1*}, R. Reut Cohen², H. Taubenblat², E. Welly² and E. Harel²

¹Tel Aviv University, Occupational Therapy, Tel Aviv, Israel and ²Beer-Ya'akov-Ness-Ziona-Maban Mental Health Center, Occupational Therapy, Beer Yaakov, Israel

*Corresponding author.

Introduction: Schizophrenia affects people's well-being and participation in everyday activities through, among others, a mechanism of cognitive impairments. Cognitive remediation (CR) has promising evidence for its effectiveness among people with schizophrenia. However, its feasibility and effectiveness in inpatient settings are evasive. Virtual Reality (VR) technology provides a platform for CR in ecological environments and tasks having a potential to overcome previously reported limitations.

Objectives: Test the effectiveness of VR-based CR for improvement of cognition, functional capacity and participation in daily-life activities among inpatients with schizophrenia.

Methods: Twenty-four inpatients (male: N=19, 79.2%; Age: M=33.8, SD=8.7) were enrolled into the pre-post designed study

using convenience sampling. The participants completed 10 sessions of 20 minutes using the Functional Brain Trainer (Intendu®), a body-controlled, interactive adaptive tool for training of inhibition, response planning, working and reverse memory, shifting, self-initiation, persistence, and attention in functional tasks and environments. Evaluation procedure includes assessments of cognition, functional capacity, schizophrenia symptoms and dimensions of participation using standard tools.

Results: Improvement was found in visual-motor skills, processing speed and shifting ($-2.44 < Z < -2.89$, $p < .05$), schizophrenia symptoms (positive, negative and general: $-3.9 < Z < -3.2$ $p < .001$), functional capacity ($Z = -3$, $p < .01$) and participation diversity ($t(22) = -2.9$, $p < .05$).

Conclusions: This preliminary study provides initial evidence for effectiveness and ecological validity of the short VR-based cognitive training in inpatient acute settings suggesting its contribution to daily-life reintegration after discharge and well-being of individuals with schizophrenia. Larger, controlled studies are needed to provide a clearer evidence of the effectiveness of this tool in these population.

Conflict of interest: No

Keywords: Everyday functioning; schizophrenia; cognitive remediation; neurocognition

EPV1247

Negative symptoms in psychosis: approach and treatment

V. Mainar De Paz^{1*}, M. Bravo Arráez² and C. Martín Alvarez³

¹Centro de Salud Mental Maresme Nord, Psiquiatria, Barcelona, Spain;

²Hospital Universitario Severo Ochoa, Psiquiatria, Madrid, Spain and

³Hospital Universitario de Fuenlabrada, Centro De Salud Mental, Madrid, Spain

*Corresponding author.

Introduction: Negative symptoms in schizophrenia can persist despite remission of positive symptoms, and even during periods of clinical stability. It is known they can have great impact on normal functions. Currently approved atypical antipsychotics treatment have efficacy on positive symptoms, but they have still limited improvement on primary negative symptoms.

Objectives: The aim of the current paper is to provide an updated comprehensive perspective on the treatment of negative symptoms in psychosis.

Methods: Literature review related to the topic

Results: Negative symptoms such as blunted affect, anhedonia, alolia or asociality can be categorized as primary negative symptoms, related to the onset of psychosis. We might consider that they can also be described in relation with others psychiatric symptoms, such as depression, and secondary to positive symptoms or side-effects of antipsychotic treatments and long term antipsychotic treatment side effects. Primary negative psychotic symptoms have been related to poor social and occupational functioning. They also commonly have great impact on patient's daily life and decreases global recovery. There are some recent studies focus on new antipsychotic treatments, as well as some specific psychological interventions.

Conclusions: Specific treatments for primary negative symptoms in psychosis are still limited. Early intervention and integral approach of primary negative symptoms could provide a significant improvement in patient recovery. Combined treatment, including

antipsychotics drugs and psychological and psychosocial intervention might also be considered, although further studies would be necessary.

Conflict of interest: No

EPV1248

Clozapine-resistant schizophrenia

Á. Martínez Fernández*, E. Ramos García, R. Molina Cambra, A. Muñoz Domenjó, R. Sagarra Arruego, F.L. Bianchi Ramos, M. Ortega Moreno and M. Hernández Barrera

Hospital Universitario de Móstoles, Psiquiatria, Móstoles, Madrid, Spain

*Corresponding author.

Introduction: Even though antipsychotic treatment is usually effective in suppressing psychotic symptoms there are about a 20% of cases which doesn't respond to an otherwise adequate treatment even after prescribing clozapine, that is why it's necessary to redefine some terms and reach a consensus about how to deal with these cases.

Objectives: The aim of this study is to analyze the different therapeutic alternatives and combinations available for the treatment of ultra-resistant schizophrenia

Methods: We proceed to review the recent bibliography on this subject, with regard to the case of a 41 year old female diagnosed of Paranoid Schizophrenia since its first episode in 1998, followed by 8 more episodes that required hospitalization. While she has experimented clear improvement after each stance in the psychiatric ward the affection has evolved worse than expected even though she has had a correct compliance and adherence to every prescribed treatment. Psychopathologically the patient experimented intense psychotic symptoms including auditory hallucinations that had a strong impact on her and her physical state leading to a huge loss of weight after she stopped eating properly due to the voices contents, these symptoms kept evolving even after increasing the daily dose of clozapine.

Results: After maintaining the treatment with clozapine at higher doses and not seeing improvement, we finally achieved improvement by adding aripiprazole.

Conclusions: Even though clozapine has proved to be an effective treatment there are some cases when it's not enough and we need to rely on polytherapy, being one of those aripiprazole.

Conflict of interest: No

Keywords: schizophrenia; clozapine; clozapine-resistant; clozapine-resistant schizophrenia

EPV1250

Erotomania in schizoaffective disorder - a treatment resistant case report

J. Mauricio*, M. Marino, M. Amorim and P. Pina

ULSAM, Psychiatry, Viana do Castelo, Portugal

*Corresponding author.

Introduction: Erotomania is defined as a condition in which the patient believes that some celebrity or person of higher status is in love with her, and interprets his words and actions as unequivocal signs of love. The father of this concept, Clerambault, described

erotomania as a clinical syndrome, with a chronic or transitory course, sometimes a premonitory syndrome or as an independent entity.

Objectives: Describe a case of a female patient with erotomaniac delusions with no remission under therapy and to review the links between erotomania and other psychiatric disorders.

Methods: Literature review and a case report. The databases Pubmed and Medline have been consulted and the most appropriate articles were examined.

Results: We report the case of a 70-year-old white woman diagnosed with having schizoaffective disorder for the previous 56 years. She had multiple hospitalizations, most of them with manic symptoms associated with mystical, megalomaniac and erotomaniac delusions. Clinical remissions were minimal, despite various treatment modalities, the patient remain entrapped by their erotomaniac delusions.

Conclusions: Erotomania is described as a rare entity, usually listed under other syndromes and neglected in the recent literature. There are a few studies with schizoaffective and schizophrenic patients that conclude, like our case-report, that erotomaniac delusions have a chronic course and are relatively refractory to treatment. However, there is still lack of systematic description, assessment and diagnosis and there is a need for further enhanced epidemiological study.

Conflict of interest: No

Keywords: treatment resistant; clerambault; erotomania; Schizoaffective disorder

EPV1251

Impact of schizophrenia and schizotypal disorders at the unified health system of brazil

G. Mieli^{1*} and M. Mieli²

¹Universidade Municipal de São Caetano do Sul, Psychiatry, São Paulo, Brazil and ²Universidade Municipal de São Caetano do Sul, Clinical Abilities, São Paulo, Brazil

*Corresponding author.

Introduction: Schizophrenia is a frequent and severe group of mental disorders without pathognomonic signs. Symptoms may include disfunctional perception, cognition, behavior. Individuals seek public health system referring their thoughts, feelings, acts are felt/ shared/ influenced by external forces. Humor accompany inertia, negativism, lethargy. Studies have shown symptoms occur firstly in patients younger than 25 years old.

Objectives: To assess the impact of schizophrenia with gender and ages most affected in public health system of Brazil.

Methods: Assess patients by age and gender in Brazilian public system of health and expenses created due to schizophrenia. Data were collected and analyzed from SIH/SUS including all public health institutions in Brazilian states.

Results:

Hospitalizations- Age/Gender													
Gender/Ag e	> 1	1- 4	5- 9	10- 14	15- 19	20- 29	30- 39	40- 49	50- 59	60- 69	70- 79	80+ Total	
TOTAL	18	5	28	4.14	36.93	178.21	218.19	198.67	136.24	49.43	12.21	3.46	838.05
	4	6	9	7	9	9	3	1	1	1	8	9	7
Male	98	2	20	2.27	26.08	127.98	139.39	112.86	24.98	1	5.556	1.45	513.91
	6	0	0	5	9	0	3	3	72.994	1		5	0
Female	86	3	89	1.87	10.85	50.239	78.800	85.808	63.247	24.45	6.662	2.01	324.14
	0			2	0					0		4	7

Conclusions: According to records in SIH/SUS database in 10 years, ages most affected by schizophrenia and correlations are 20–29 and 30–39. Total expenses were BRL2.104.780.862,51, approximately USD5.045.159,7. Results found agree with previous studies that most common age of onset was around 25 years. Schizophrenia and correlations are a concern for public health, because underdiagnosis increase the burden and create further expenses, along with discomfort for patients and families.

Conflict of interest: No

Keywords: schizophrenia; public healthcare; Schizotypal; brazil

EPV1252

Psychosis in noonan syndrome

M.D.C. Molina Lietor* and A.G. Santiago Moreno

Hospital Universitario Príncipe de Asturias, Psychiatry, Alcalá de Henares, Spain

*Corresponding author.

Introduction: Noonan síndrome (NS) is a relatively common genetic syndrome caused by mutations affecting a cellular signaling pathway known as the Ras-map kinase (RAS-MAPK) pathway, which is essential for the typical growth and development of multiple systems. NS is estimated to occur in approximately 1:100 to 1:2500 births. Clinically, NS is associated with cardiovascular abnormalities, growth and endocrine disorders, hematologic symptoms, as well as neuropsychological features including cognition, language, memory, attention, adaptive behaviour, social skills and anxiety. Most of these symptoms are associated with psychosis.

Objectives: To expose the importance of the higher incidence of psychosis in NS.

Methods: This is a systematic review in UpToDate.

Results: Intellectual disabilities in children with NS are increased to the general population. Lower intelligence has shown to be a risk factor for attention difficulties. Also, it has shown that NS patients has slowed processing speed, which is linked to developmental and behavioral disorders. There have been found some differences in frontal lobe-subcortical circuitry, which is critical for working memory, response inhibition and cognitive flexibility. Anxiety and depression were present in almost three times greater than community. All these features added to the physical limitations, make it reasonable to expect higher rates of psychosis in these individuals, although studies that determine the extent to which they are increased are lacking.

Conclusions: The review of the physical and neuropsychological features suggest that in NS there is an increased risk for anxiety, social cognition and adaptive behaviour, which could increase the risk of psychotic symptoms.

Conflict of interest: No

Keywords: Noonan; psychosis; Psychotic Symptoms; Social Cognition

EPV1255

Functionality improvement in patients suffering from schizophrenia in a real life clinical setting

I. Myta*, M. Aspradaki, V. Chioti and P. Theodoropoulou

Sismanogleio General Hospital, Psychiatric, Athens, Greece

*Corresponding author.

Introduction: Schizophrenia is a severe mental disorder leading to patients' functional deterioration, compromising their daily life.

Objectives: Investigate the potential impact that a long-acting injectable such as aripiprazole once-monthly (AOM) has in the course of schizophrenia by evaluating patients' functionality and overall clinical outcome, in the psychiatric clinic of a general hospital in Greece.

Methods: Five patients are included in the current report, two males and three females, 25 to 45 years old. CGI-S (Clinical Global Impression- Severity) and GAF (Global Assessment of Functioning) scales were evaluated at hospital admission, upon discharge and once monthly for a period of at least 6 months. Functional improvement was set as a treatment goal for these patients for the first time after diagnosis.

Results: CGI-S score at baseline was >5 and GAF score was ≥ 40 . All five patients, previously stabilized with aripiprazole per os, responded to AOM 400 mg treatment and experienced improvement in daily functioning. Clinical improvement was observed in 6-8 months' time with a reduction in the CGI-S score >1 point and functionality improvement was evident by almost doubling the GAF score, possibly increasing the expectations for better disease progression. More specifically, in 6 months' time patients experienced "no more than slight impairment in social, occupational or school functioning", a description based on the GAF score.

Conclusions: Treatment with an atypical long-acting injectable antipsychotic such as AOM 400mg, improved the aforementioned patients' functionality and overall treatment outcome in a real-life clinical setting.

Conflict of interest: No

Keywords: schizophrenia; GAF; functionality

EPV1256

Psychotic disorder resulting from mephedrone use: a case report

P. Nava^{1*}, M. Nadales¹, A. Rodríguez-Quiroga², R. Martínez De Velasco¹, F. Mora¹, A. Matas¹ and C. Banzo¹

¹Hospital Infanta Leonor, Psychiatry, Madrid, Spain and ²Hospital Universitario Infanta Leonor, Psychiatry, Madrid, Spain

*Corresponding author.

Introduction: Synthetic catinones are

Objectives: We present a case report of psychotic symptoms resulting from mephedrone use.

Methods: A 32-year-old male consults at the emergency department for psychotic symptoms present three days after consuming mephedrone. There is no prior psychiatric history. He refers occasional use of drugs for recreational purposes: cocaine, amphetamines, GHB, mephedrone. Although he has never consulted, he admits previous psychotic experiences, in the context of drug use, specifically by mephedrone. At the moment he reports threats and noises coming from his neighbours' home for the last three days, describing fear for his safety. He also presents insomnia and hyporexia. He confirms mephedrone use, in the context of chemsex.

Results: Drug-induced psychotic disorder is diagnosed. Aripiprazole 5mg is indicated and the patient is referred for follow-up.

Conclusions: Chemsex is a psychosocial phenomenon growing in Spain, involving the use of psychoactive substances to seek pleasant sensations and facilitate certain sexual practices. Mephedrone is one of the drugs used, and can lead to psychotic symptomatology.

Conflict of interest: No

Keywords: chemsex; mephedrone; psychosis; drug

EPV1257

Psychotic disorder presenting in the context of a anti-N-methyl-D-aspartate receptor encephalitis

P. Nava^{1*}, C. Banzo¹, R. Martínez De Velasco¹, M. Nieves¹, A.M. Matas Ochoa², A. Rodríguez-Quiroga² and F. Mora¹

¹Hospital Infanta Leonor, Psychiatry, Madrid, Spain and ²Hospital Universitario Infanta Leonor, Psychiatry, Madrid, Spain

*Corresponding author.

Introduction: Anti-N-methyl-D-aspartate receptor encephalitis is an autoimmune syndrome that presents with complex neurologic symptoms, like memory deficits, alterations in level of consciousness, seizures, abnormal movements, as well as psychiatric manifestations. Patients can develop psychotic symptoms, anxiety, agitation or bizarre behavior. Occasionally, psychiatric manifestations are the most prominent symptoms, and clinicians may initially suspect psychiatric illness, resulting in an inaccurate diagnostic approach and delay in correct treatment.

Objectives: We here present a case of a young woman admitted in the Psychiatry ward for acute onset psychotic symptoms, suspecting a psychotic or dissociative disorder.

Methods: A 28 year-old-woman is brought to the Emergency department presenting with agitation, hallucinations, disorganized speech, delusions and insomnia. She has a history of a mixed anxiety disorder that had been treated with SSRIs and benzodiazepines. At the moment she was not taking any psychiatric medications. Initially, she was treated with antipsychotic drugs and benzodiazepines, resulting in rapid remission of the psychotic symptoms. She presented excessive drowsiness, this believed secondary to treatment. Moreover, cognitive alterations displayed: short-term memory deficits, errors in nomination and repetition, semantic paraphasias, echolalia and bradypsychia. Brain MRI found no remarkable alterations. Electroencephalogram was normal. Analysis of cerebrospinal fluid finds anti-N-methyl-D-aspartate antibodies in 1:16 proportion.

Results: Anti-NMDAR Encephalitis is diagnosed. Patient is transferred to the Neurology ward and starts immunotherapy. Further studies are carried out for the detection of teratoma.

Conclusions: For patients presenting psychotic or other psychiatric symptoms associating cognitive or memory alterations, anti-N-methyl-D-aspartate receptor encephalitis should be considered in the differential diagnosis.

Conflict of interest: No

Keywords: encephalitis; psychosis; anti-NMDAR

EPV1259

Comparison of schizophrenic and delusional patients hospitalized for first time in their life

A. Palau*, M. Khatib, E. Nieto, C. Isern and M. Puig

Xarxa Assitencial Althaia, Psychiatry, Manresa, Spain

*Corresponding author.

Introduction: There are few studies comparing samples of schizophrenic and delusional patients hospitalized for first time in their life.

Objectives: - Determine the prevalence of both diseases in a sample of first-time hospitalized patients. - Determine the differences

between the two groups comparing multiple variables collected during their first hospitalization.

Methods: We selected all patients who were first-time hospitalized in our psychiatric unit between 1996 and 2018 and diagnosed according to DSM-IV with Schizophrenia or Delusional Disorder. Through the SPSS program we compared different Clinical and sociodemographic variables collected during basal hospitalization between diagnostic groups.

Results: 117 patients were diagnosed with Schizophrenia and 107 with Delusional Disorder, representing 4.9% and 4.5% of the total number (2370) of first-time hospitalized patients. The variables that significantly differentiated delusional patients were: female gender (53% vs. 22% , $P<0.000$), higher age (average of 56 vs. 38, $P<0.00$), more involuntary admissions (26% vs 11% , $P<0.005$), more organic comorbidity (49% vs 24%, $P<0.000$), shorter duration of illness (10% more 20 years vs 27%, $P<0.004$), less antecedents of previous cannabis use (15% vs. 35% $P<0.002$). After a logistic regression analysis, higher age, more percentage of involuntary admission and shorter duration of illness remained significantly associated with Delusional Disorder.

Conclusions: - Schizophrenics and delusional patients represent 4.9% and 4.5% respectively of all first-time hospitalized patients. - Delusional patients are significantly older, have a significantly shorter duration of illness and are involuntarily hospitalized in a larger percentage than schizophrenics.

Conflict of interest: No

Keywords: Delusional disorder; schizofrenia; comparison; fist-time hospitalized

EPV1260

Is there social cognitive decline in psychosis? differences in performance in early and chronic ssd patients

J. Pastor Haro^{1*}, Á. De Diego¹, P. Sánchez¹, E.M. Román Mazuecos¹, S. Cebolla¹, M.P. Vidal-Villegas², R. Mediavilla², A. Pinto García², N. Fernandez Gomez¹, A. Muñoz-Sanjose¹, Á. Palao¹, G. Lahera³, C. Bayon¹, B. Rodríguez-Vega¹ and M.F. Bravo-Ortiz¹

¹Hospital Universitario La Paz, Psiquiatría Y Salud Mental, Madrid, Spain; ²La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ³University of Alcala, Faculty of Medicine, Madrid, Spain

*Corresponding author.

Introduction: Impairment in different social cognition domains has been found across different phases of schizophrenia spectrum disorders. There is growing evidence showing that they are linked with worse functional outcomes, which raises the question whether they remain stable over time. To date, few studies have tried to establish a comparison between social cognition performance in early and chronic psychosis and mixed findings have arisen

Objectives: The aim of the current study is to compare social cognition performance between samples of early and chronic psychosis.

Methods: Data from 81 patients: 53 chronic (>5y) psychotic patients and 28 early psychosis (<5y) was collected. Patients were assessed on different Social Cognition tasks: Reading the mind in the eyes test (RMET), Ambiguous Intentions Hostility Questionnaire (AIHQ) and Hinting Task Test (HT).

Results: Compared with chronic SSD patients, Early Psychosis group had better performance on some social cognition tasks:

HT, Mean Difference (MD): -1,593 CI 95% -2,551 to -0,634 $p:0.02$; and RMET MD: -3,142 CI95% -5.490 to -0,794 $p:0.01$. Although no differences were found on global AIHQ performance, Early Psychosis patients tended to display more aggression attributions (AIHQ-AB MD: -,24080 CI95% -,474 to -,007 $p: 0,044$), and Chronic SSD patients more hostility attributions (AIHQ-HB MD: 0,303 CI95% 0,002 to 0,603)

Conclusions: Social Cognition decline in psychotic population is a largely unexplored field, although it can be an important factor explaining functional decline in patients not attending psychosocial treatments focusing on this field. Clinical significance of the results and limitations of the study are discussed.

Conflict of interest: No

Keywords: Social Cognition; psychosis

EPV1265

Farmer with sturge weber syndrme to the leak

R. Rodriguez Calzada^{1*}, B. Royo-Villanova¹ and L. Delgado Alonso²

¹HOSPITAL UNIVERSITARIO RIO HORTEGA DE VALLADOLID (SACYL), Servicio De Psiquiatría, VALLADOLID, Spain and

²HOSPITAL UNIVERSITARIO RIO HORTEGA DE VALLADOLID (SACYL), Servicio De Urgencias, VALLADOLID, Spain

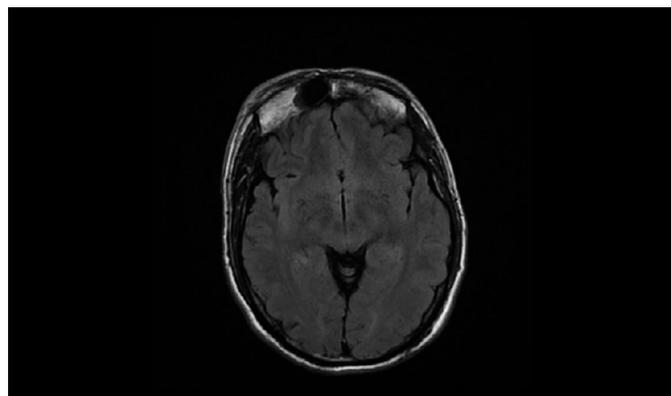
*Corresponding author.

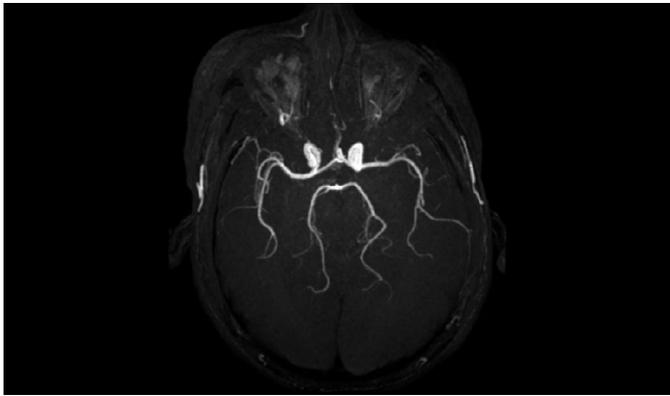
Introduction: Sturge-Weber syndrome (SWS) is a rare congenital neurocutaneous disorder characterized by facial capillary malformations and / or ipsilateral cerebral and ocular vascular malformations, which give rise to varying degrees of ocular and neurological abnormalities. Prevalence at birth in Europe is estimated at around 1 / 20,000 and 1 / 50,000. Cerebral vascular malformations are also present. Babies usually have leptomeningeal angiomas in the first year of life, responsible for the existence of complex focal or partial epileptic seizures, early manual laterality and preferences in the direction of the gaze. With the progression of the disease, and depending on the severity of the seizures, patients may develop hemiparesis, hemiplegia and varying degrees of intellectual disability.

Objectives: The objective of this communication is to present an unusual and unusual case of Sturge Weber Sindrme with psychotic symptoms with behavioral disorders.

Methods: Description and analysis of the clinical case and review of the state of the art.

Results:





A 45-year-old patient diagnosed with Sturge-Weber syndrome (encephalotrigeminal angiomatosis). In 2019, it begins with a delusional idea of damage by livestock farm employees, generating multiple conflicts with them. He disappears from his city and the police place him in France, he suffers an epileptic crisis after leaving the treatment and the family locates him in the immediate vicinity of the hospital, after which he is transferred to Spain to enter his reference hospital in the area of psychiatry

Conclusions: The patient is treated with amisulpride and antiepileptic drugs, improving behavior and the delusional idea of harm.

Conflict of interest: No

Keywords: STURGE WEBER; psychosis; delusions

EPV1267

Chemotherapy induced brief psychotic disorder

I. Sánchez-Rivero* and J. Herranz-Herrer

Hospital Universitario Puerta de Hierro, Majadahonda, Madrid, Spain

*Corresponding author.

Introduction: Carboplatin-liposomal doxorubicin is a widely used chemotherapy combination against ovarian cancer. Very few cases of new-onset psychosis have been reported during treatment with platinum-containing antineoplastic drugs. Anxiety, depression and insomnia have been reported with doxorubicin; but there are no reports of acute psychosis so far.

Objectives: The aim is to expose a clinical case in order to provide further evidence on this topic.

Methods: We present a 67-year-old woman without previous psychiatric history, diagnosed with ovarian high-grade serous carcinoma stage IIIB. She received three cycles of carboplatin-paclitaxel, which was later changed to carboplatin-liposomal doxorubicin due to peripheral neurotoxicity associated to paclitaxel. Behavioural disturbances, persecutory delusions, insomnia and aggressiveness appeared two weeks after receiving the second cycle of the new antineoplastic combination. She was hospitalized and assessed for organic etiologies, although no evidence of metastasis in Central Nervous System was found.

Results: She was diagnosed with brief psychotic disorder and started on paliperidone up to 12 mg per day and quetiapine 50 mg per day. The following days she recovered to her basal mental state and one week after she was discharged. No psychotic relapse occurred after two more cycles of chemotherapy.

Conclusions: This case reports the possible association between chemotherapy and the development of a psychotic episode. The timing of symptomatology onset suggests doxorubicin was

responsible for the psychiatric complication. Behavioural disturbances in patients receiving chemotherapy should lead to psychiatric evaluation, as long as organic pathology has been discarded.

Conflict of interest: No

Keywords: chemotherapy; psychosis; Psychotic; induced

EPV1268

Teenage spiking humour – a clinical case

M. Santos^{1*} and P. López²

¹Hospital Prof. Doutor Fernando Fonseca, E.P.E., Department of Psychiatry, Amadora, Portugal and ²Bizkaia Mental Health Network, Lehenak Program, Bilbao, Spain

*Corresponding author.

Introduction: Psychotic disorders in childhood and early adolescence often progress to more serious illness, but in many instances, there are underlying diagnosable medical causes. Careful clinical examinations are warranted to detect any signs of a possibly treatable disease.

Objectives: To report a case of a 14-year-old male with behavioural changes.

Methods: Case report based on clinical records. Brief literature review.

Results: A 14-year-old male was first evaluated in an outpatient clinic. 5 months earlier, he began presenting slight behavioural changes, mainly disinhibition, with increasing severity, alongside parasomnias (agitation, repetitive incoherent speech and subsequent amnesia). By the time he was evaluated, psychomotor restlessness and disinhibition was marked. He also presented pressured speech with loose associations and some speech perseverance. No delusional content was detected. There was a significant impact in the familial and school domains. A diagnosis of probable hypomanic episode was prompted and the patient derived to a specialized program. Blood workup, serum and cerebrospinal fluid autoimmunity study, MRI and electroencephalogram yielded no relevant results. He showed limited response to olanzapine. Aripiprazole yielded better behavioural response and valproate add-on led to added benefit, although incomplete. Later, a polysomnography revealed right temporal dysfunction with very frequent epileptiform activity and occasional left temporal activity. Eslicarbazepine was added with remission of parasomnia episodes and behavioural improvement.

Conclusions: This case highlights the importance of thorough diagnostic workup when dealing with manic/psychotic symptoms in very young patients. Considering a possible underlying structural substratum is paramount as it may affect the treatment and the prognosis.

Conflict of interest: No

Keywords: psychosis; mania; Epilepsy; First episode

EPV1269

The role of artistic language as a mean of expression/communication for schizophrenic patients

B. Sanz-Aranguéz Avila^{1*}, M. Del Río², A. Pérez-Balaguer³ and S. Boi¹

¹Hospital Universitario Puerta de Hierro de Majadahonda, Psychiatry, Majadahonda, Spain; ²AUTONOMA UNIVERSITY OF MADRID, Art Education And Visual Arts, Madrid, Spain and ³Hospital Puerta de Hierro de Majadahonda, Majadahonda, Madrid, Spain

*Corresponding author.

Introduction: Based on the work carried out with more than a hundred and fifty patients who have participated in the Art Therapy activity at the Puerta de Hierro Majadahonda Psychiatric Day Hospital since 2002, and the analysis of its expressive and communicative processes, a paradigmatic case has been selected.

Objectives: To identify which characteristics of verbal language hinder its expressive and communicative function in schizophrenic patients, and determine what the differential contribution of artistic language could be.

Methods: Analysis of the art therapy process of a 55-year old male, diagnosed with schizophrenia since the age of 24, with persecutory delusions and sensoriperception alterations, whose most dysfunctional symptomatology was a disorganized, prolix, circumstantial verbal language that did not allow him to communicate. This frustrated him as well as the rest of the patients and therapists. The differences between the way of constructing the verbal and de artistic language are analyzed.

Results: The written logical verbal language recorded over a year of treatment in the HDP does not present relevant changes in terms of its expressive and/or communicative functionality. The discourse developed from the plastic language is perceived by the patient as egosyntonic, endowed with meaning and effective in terms of social connectivity.

Conclusions: Opposed to the continued dysfunctionality of written verbal logical language as an expressive and communicative route, plastic language can facilitate the construction of a structured narrative that is meaningful to the patient and comprehensible to his or her environment.

Conflict of interest: No

Keywords: verbal language; artistic language; art therapy; schizophrenia

EPV1270

Low-dose corticosteroid-induced psychosis: a case report

S.G. Saykal*, T. Ileri, H. Kaya and E. Göka

Health Sciences University- Ankara City Hospital, Psychiatry, Ankara, Turkey

*Corresponding author.

Introduction: Corticosteroids are commonly used to treat collagen tissue diseases. However, they are associated with various neuropsychiatric disorders including depression, hypomania and mania, frank psychosis, delirium and etc. In the literature, there are many case reports about corticosteroid-induced psychosis when high doses have been used.

Objectives: Our aim is to present a case of psychotic exacerbation occurring at a low dose of corticosteroids with delusional disorder, in contrast with the literature.

Methods: History: Mr. O.A. is a 64 year-old patient diagnosed with delusional disorder, who was admitted to our inpatient service in 2019 due to a three month history of delusions of reference, persecutory delusions and delusions of passivity and delusional misinterpretation. His history revealed that he was diagnosed with delusional disorder in 2013, was presented with delusion of jealousy and agitation. During this period, he also experienced a worsening of his psoriatic arthropathy and the immunologist therefore increased his prednisolone dose from 5mg to 10mg daily. The delusions of reference, persecutory delusions and delusions of passivity then resurfaced after this medication increase.

Results: Discussion: To date, many studies have discussed the link between corticosteroids and neuropsychiatric disorders. There is no agreed cut-off dose for corticosteroid treatment for patients with psychiatric diagnoses, nor any information about the effect of delusion's types. In our case, symptoms added after increasing corticosteroid dose to 10mg totally disappeared after decreasing prednisolone dose to 5mg again.

Conclusions: Corticosteroid is an important and effective treatment for collagen tissue diseases. However, corticosteroids cause many psychiatric disorders or symptoms. There is no recognised cut-off limit for corticosteroid therapy when is administered to a patient with a psychiatric disorder. Further research and attention in this area are required.

Conflict of interest: No

Keywords: Corticosteroid; Delusional disorder; Low-dose; psychosis

EPV1272

First psychotic episode and incidental meningioma

L. Soldado Rodriguez^{1*}, M. Valverde Barea² and G.M. Ruiz Martínez³

¹Neurotraumatological Hospital, Mir, Mental Health Unit, Jaen, Spain;

²COMPLEJO HOSPITALARIO DE JAEN, Psiquiatria, JAEN, Spain and

³Neurotraumatological Hospital, Mental Health Hospitalization Unit, Jaen, Spain

*Corresponding author.

Introduction: Meningioma is a slow-growing benign tumor arising from meninges, usually asymptomatic. Meningiomas may be primarily present with mood disorders, psychosis, memory disturbances, personality changes, anxiety or anorexia nervosa, but frequently it presented with neurologic signs due to mass effect. Prevalence rates for meningiomas are variable and range from 50.4/100,000 to 70.7/100,000. Female incidence is about three-fold the male incidence, with the largest difference observed between 30 and 59 years. Although there may be an association between some tumor locations and psychiatric symptoms, it is difficult to predict the symptoms based on the location or vice versa.

Objectives: Show the importance of complementary test due to discard organic anomalies that could justify symptomatology.

Methods: A 53 years old single woman with no history of psychiatric disorder or drug abuse. The patient came to urgencies with his family due to behavior disorder, anxiety and insomnia in the last month. In the examination presents disorganized behavior with rituals, and thoughts abnormalities, including thought blocking and irrational laughs inconsistent with the mood. Strange speech behaving suspiciously and hyperalert. Hyporexia and weight loss of 10kg

Results: Blood tests, serologies, drug screening shows no abnormalities. Cranial MRI: pineal/ tentorial border meningioma. BDI: 9 IPDE: correlation to histrionic behavior. We decide an involuntary hospitalization due to lack of diagnosis and patient unconsciousness of her mental condition. We initiate treatment with paliperidone 6mg/24h, lorazepam 1mg/8h and lormetazepam 2mg/24h.

Conclusions: The possibility of cerebral tumours as the cause of developing first psychotic episode and the importance of cerebral scanner in middle ages.

Conflict of interest: No

Keywords: urgencies; First psychotic episode; meningioma; Involuntary hospitalization

EPV1274

Kretschmer's sensitive delusion of reference: a psychiatry archaism? a case report.

R. Sousa*, J. Brás, A. Costa, B. Guedes and N. Cunha

Centro Hospitalar Tondela-Viseu, Department of Psychiatry And Mental Health, VISEU, Portugal

*Corresponding author.

Introduction: Sensibility to other people's opinion about oneself varies from apathetic to hypersensitive states. As first described by Kretschmer, when the sensitive disposition is exaggerated occurring simultaneously with some endogenous and exogenous pathogenic factors, it may lead to sensitive delusions of reference. The sensitive character is defined as shy, hyper-emotive and sensitive individuals, with a tendency to self-criticism.

Objectives: Presentation of a scientific poster discussing a case of sensitive delusion of reference in a 40 years old male.

Methods: Case report is presented. Bibliographic research conducted using the search engine Pubmed*.

Results: A 40 year old male with premorbid obsessive traits, seeks psychiatric help due to feelings of prejudice and people looking at him "strangely, specifically staring at his pubic region". He also refers having the perception "people talking about him behind his back". Characterwise, its an individual with anancastic personality traits, highly demanding with himself and very competitive. Diagnosis was initially complex, however later he revealed that symptoms started since he once used a penis enlargement device and felt that someone must have noticed it.

Conclusions: The symptomatology of sensitive delusions of reference is the exaggerated effect of the sensitive character traits. This often starts after a traumatic event that reveals the subject own failure and/or humiliates him/her. Their ideas of reference, hypochondriacal fears and self accusations all lead to one central experience. The course of all sensitive delusions of reference is comparative benign although severer forms may take a course of several years.

Conflict of interest: No

Keywords: delusion; kretschmer; sensitive; paranoia

EPV1275

Late onset psychosis: a challenging diagnosis. case report.

R. Sousa*, J. Brás, A. Costa, B. Guedes and N. Cunha

Centro Hospitalar Tondela-Viseu, Department of Psychiatry And Mental Health, VISEU, Portugal

*Corresponding author.

Introduction: With the growing of global aging population, psychosis arising for the first time in older people is becoming more common. Presently, the diagnostic boxes on the subject of late onset psychosis remain controverse. As Bleuler once described "the science of late onset psychosis is the most obscure field of psychiatry". The observation of psychotic symptoms in individuals over 60 years old with no psychiatric premorbidity has suggested that late paraphrenia (LP) is nosologically different from schizophrenia. Recently, LP has been classified as very late-onset schizophrenia-like psychosis.

Objectives: Our goal is to present a scientific poster discussing a case of late onset psychosis in a 68 years old male and its diagnostic challenges.

Methods: Case report. Bibliographic research was conducted using the search engine Pubmed* and the keywords: "Late onset psychosis".

Results: A 68 years old male presented himself at the emergency service with persecutory delusions and hallucinations in the visual and auditory modalities. He had been hospitalized in the previous year for similar symptoms. However, the diagnosis became challenging as hospitalization progressed.

Conclusions: This condition can be a form of presentation of late onset schizophrenia, or it may constitute a distinct condition. Late paraphrenia does share some similarities with schizophrenia, such as delusional beliefs and possible hallucinations (mostly auditory), but is distinguished by the well preserved personality and affect. It has been suggested that the older the patient the greater the similarities between LP and late onset schizophrenia in respect of neuropathology, treatment and prognosis.

Conflict of interest: No

Keywords: schizophrenia; lateonset; psychosis; paraphrenia

EPV1277

Paliperidone palmitate long-acting injection in schizophrenic patients

E. Suarez Gisbert

HOSPITAL UNIVERSITARIO INFANTA SOFIA, Psychiatry, SAN SEBASTIAN DE LOS REYES, Spain

Introduction: The negative symptoms and metabolic syndrom are a very frequent phenomena with hard treatment.

Objectives: Find the differences in the improving of negative symptoms and the metabolic rates in patients with change of neuroleptic (oral to paliperidone palmitate injection).

Methods: Observational longitudinal study during 18 months. We included all the patients with the diagnosis of schizophrenia, in which we done a change from oral neuroleptic to Palmitate of Paliperidone and age of 18 years o more. We used SANSS and CGI-Scale for negative symptoms and metabolic rates (weight, IMC, Glucose, Colestherol, TG and prolactin) and abdominal perimeter.

Results: 40 patients was included. 60% are male. Average age 42.48 years. 22% has metabolic disease, 32% with axis IV disease and 28% with toxic sustances Average dosis of palmate of paliperidone 105 mg/28 days. The reason of change to injection was: No response 38% to oral neuroleptic treatment and side effects 28%. Rest patients wish. Metabolic rates improved: Less in weight, IMC, Glucose, Colestherol, TG and prolactin and abdominal perimeter. The SANSS scale improved, All of them were estadistical significative ($p < 0,05$) and CGI scale results improved.

Conclusions: The change from oral neuroleptic to palmitate of paliperidone improved metabolic rates and abdominal perimeter . Also improved SANSS and CGI Scale. The palmitate of paliperidone is useful in schizophrenic patients and with less incidence of metabolic side effects and improved of negative symptoms.

Conflict of interest: No

Keywords: paliperidone palmitate; SCHIZOPHRENIC PATIENTS; Negative symptoms; Metabolic rates

EPV1278

Comparative of the effectiveness of long-acting injections of second generation antipsychotic

E. Suarez Gisbert

HOSPITAL UNIVERSITARIO INFANTA SOFIA, Psychiatry, SAN SEBASTIAN DE LOS REYES, Spain

Introduction: Risperidone long-acting injection and Paliperidone Palmitate one month are value in the treatment of Schizophrenia.**Objectives:** The assess the long term efficacy of Risperidone vs Paliperidone to preventing relapse. Risperidone long-acting injection and Paliperidone Palmitate are a valuable strategy for the treatment of the schizophrenia. More studies are necessary to assess the effectiveness to preventing relapse.**Methods:** 30 patients with diagnosis of schizophrenia was treated with Risperidone and 30 patients with diagnosis of schizophrenia with Palmitate of paliperidone. We Follow 30 months PANSS, PSMQ are performed at the begin and de end of study, We defined Relapse: Rehospitalization or 25% base lane PANSS.**Results:** The 56,6 % patients with Risperidone long-acting injection no relapse and 83,3% with Paliperidone Palmitate. The 63,3 % patients with Risperidone long-acting injection are satisfied or very satisfied while 86,6% oatientes with Paliperidone Palmitate are satisfied or very satisfied. Also his famly member. The improved of de CGI scale global patients with Risperidone long-acting injection was 2,8 points, and patients with Paliperidone Palmitate was 3,9.**Conclusions:** We observed higher percentage of relapse free in patients treated with Paliperidone Palmitate than treated with Risperidone long-acting injection. Patients treated with Paliperidone Palmitate apperars to have greter acceptance and in her family than patients treated with Risperidone long-acting injection.**Conflict of interest:** No**Keywords:** Effectiveness of antipsychotic; second generation antipsychotic

EPV1279

A case of hysterical psychosis symptomted with childish behaviorsŞ. Akıncı¹, M.E. Taner¹ and M.G. Teksin Bakir^{2*}¹Gazi University, Psychiatry, ANKARA, Turkey and ²Dr. AY Ankara Oncology Training and Research Hospital, Psychiatry Department, ANKARA, Turkey

*Corresponding author.

Introduction: People who experience a trauma may react differently, such as depression, anxiety, agitation.**Objectives:** In this case, patient was dismissed on charges of terrorism and reacted with childish behaviors.**Methods:** CASE: 42 years old male, married with three children; suspended on charges of terrorism. For this reason, he is introverted, rarely going out. He returned to work 5 months later, but he was restless, unhappy and felt excluded from the business environment. Two months after starting work, patient had high fever and 2-hour loss of consciousness following diarrhea without any organic pathology. His mental state examination revealed visual

and auditory hallucinations and persecutory delusions. Preliminary diagnosis was hysterical psychosis. He started to walk and talk childishly; his age gets smaller and smaller. Sertraline (50 mg/daily), alprazolam (2*0.5 mg) was started. In the event of advancing regression like starting to crawling and fear of falling when walking; the dose of Sertraline doubled (100 mg/daily), per day.

Results: Four months after his discharge the idea that he was being followed lasts. He was still talking lispingly. Quetiapine(100 mg/daily), was added to the treatment. After 6 months his nightmares continue. Dissociative episodes are reduced but still last. The dose of Quetiapine is increased to 250 mg/daily. After 9 months, lispingly speech improved and functionality almost returned to normal.**Conclusions:** Psychoanalytic explanation: the desire to escape the pressures and responsibilities of adult life. In this case, it is interesting that the regression progresses to crawling. The diagnosis of adult baby syndrome is becoming increasingly worthy of discussion.**Conflict of interest:** No**Keywords:** hysterical psychosis; trauma

EPV1281

Compliance and cognitive functioning in patientswith first episode of schizophrenia

K. Tsyrenova

FSBEI St. Petersburg State University, Department of Psychiatry And Narcology, Saint-Petersburg, Russian Federation

Introduction: Cognitive impairment has been found to be a more significant predictor of noncompliance than the severity of positive symptoms or attitude to treatment. Patients with the first episode of schizophrenia are characterized by high probability of exacerbations after the first attack, which is .associated with the ack of drug compliance.**Objectives:** The purpose of this study was to explore the relationship between cognitive functioning and compliance characteristics in patients with the first episode of schizophrenia.**Methods:** 50 patients with the first episode of schizophrenia (F20.0 "Paranoid schizophrenia") in stable remission were . assessed by PANSS, BACS, DAI. Statistical analysis was performed in the R programming environment, version 3.6.1.**Results:** The data obtained indicate that compliant patients have better indicators of auditory speech memory. In addition, patients with a satisfactory compliance, unlike non-compliant patients, have a higher level of motor skills, as well as higher speed of information processing and better planning. Executive functioning (Tower of London) had a statistically significant positive correlation with the degree of adherence to therapy ($r=0,32$, $p=0,022$).**Conclusions:** 88% of patients had neurocognitive impairment, 38% of which were characterized by low adherence to therapy. The severity of neurocognitive deficiency in certain areas, particularly planning, of cognitive functioning may be predictive in terms of the risk of violation of the treatment regimen and relapse of the disease.**Conflict of interest:** No**Keywords:** cognitive functions; compliance; schizophrenia; first episode schizophrenia; cognitive functions; compliance

EPV1282

Analysis of diffusion parameters in the cst of patients with early stage of schizophrenia. dti study.

M. Ublinskiy*, N. Semenova, T. Akhadov, A. Manzhurtsev and A. Yakovlev

Clinical and Research Institute of Emergency Pediatric Surgery and Trauma, Radiology, Radiology, Moscow, Russian Federation

*Corresponding author.

Introduction: Among various neurobiological models of schizophrenia, much attention is paid to structure and microstructure disturbances in brain white matter. The aim of this study is to research the most important pyramid pathway of the brain responsible for impulse transduction during motion regulation - corticospinal tract (CST) - using method of diffusion tensor imaging (DTI).

Objectives: The study was done in accordance to the Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. All participants signed an informed consent. 13 young (17 -27) male patients with schizophrenia (F20, ICD-10) and 15 mentally healthy age- and sex-matched subjects were analyzed.

Methods: MRI data were obtained on Achieva 3.0T scanner (Philips) with DualQuasar gradient system and 8-channel radio-frequency receiver coil for the head. DT-images were acquired in the axial plane using echoplanar impulse sequence. Diffusion gradient were applied in 32 non-collinear directions. Functional anisotropy (FA) and diffusion coefficient (DC) were measured in the following parts of CST in left and right hemispheres: motor area, radiate crown, posterior limb of internal capsule, cerebral peduncle, pyramids of the medulla oblongata.

Results: A decrease in the coefficient of fractional anisotropy in the posterior limb of the internal capsule and an increase in diffusion coefficient in the radiate crown and motor cortex were observed.

Conclusions: The results reflect different mechanisms of changes in water diffusion in various areas of the corticospinal tract: changes in nerve fiber microstructure in internal capsule (left hemisphere) and density decrease in motor cortex and radiate crown.

Conflict of interest: No

Keywords: schizophrenia; corticospinal tract; DTI; MRI

EPV1283

Naa dynamics in motor cortex of normal individuals and schizophrenia patients in the period of event related bold response.

M. Ublinskiy*, N. Semenova, T. Akhadov, A. Manzhurtsev and A. Yakovlev

Clinical and Research Institute of Emergency Pediatric Surgery and Trauma, Radiology, Radiology, Moscow, Russian Federation

*Corresponding author.

Introduction: Metabolic features of neuronal systems controlling movement are poorly studied in schizophrenia despite revealed motor disorders.

Objectives: Aim of this study was to analyze dynamics of motor cortex metabolism in norm and in early stage of schizophrenia in period of BOLD response to event related single stimulus.

Methods: Patient group comprised 9 males aged from 16 to 28 years who met the criteria of schizophrenia (F20, ICD-10). Study was performed on Phillips Achieva 3.0 T MRI scanner. VOI in motor cortex was localized on the base of fMRI study (EPI FFE, TR = 3000 ms, TE = 30 ms).

Results: BOLD signal in both groups demonstrated maximum at the 6th s after target stimulus, however its value was reliably lower in schizophrenia in comparison with the control group. The only [NAA] in normal motor cortex was changed after the stimulation. In schizophrenia [NAA], [Cr] and [Cho] were constant. [NAA] in normal cortex statistically significantly decreased at the 12th s after stimulus presentation and returned to initial value at the 15th s.

Conclusions: The reversible decrease of NAA observed for the norm in the study could provide a short-term activation of neuronal Krebs cycle through a synthesis of AcCoA using acetate obtained in ASPA reaction. Different behavior of [NAA] in the norm and schizophrenia might be related with a difference in location (or activity) of ASPA. Decreased expression of glutamate transporters in schizophrenia could also reduce consumption of NAA as a source of acetate in synthesis of AcCoA which is used for restoration of ATP.

Conflict of interest: No

Keywords: schizophrenia; Functional MRI; magnetic resonance spectroscopy; N-acetylaspartate

EPV1286

Feasibility of 6 months outpatient cognitive remediation in schizophrenia: experience from the randomized controlled isst-study

W. Wölwer*, A. Lowe, K. Weide and F. Isst-Study Group

University of Düsseldorf, LVR-Klinikum Düsseldorf, Department of Psychiatry And Psychotherapy, Düsseldorf, Germany

*Corresponding author.

Introduction: Cognitive remediation (CR) aims to improve social- or neuro-cognitive processes with the ultimate goal of enhancing functioning and recovery. However, sufficient intensity and consistency over a period of time is required to produce cognitive gains (Wykes & Spaulding 2011), while nonadherence is likely to minimize the effectiveness of CR (Dillon et al. 2016). Though integration of CR in rehabilitative settings is preferable and beneficial (Wykes et al. 2011), the outpatient setting and longer duration of treatment usually associated with this requirement is also prone for more non-adherence in schizophrenia patients.

Objectives: We aimed at investigating the feasibility of 6 months outpatient cognitive remediation in schizophrenia patient with respect to adherence and safety parameters.

Methods: Attendance in treatment and assessment sessions, reasons for discontinuation, and safety parameters (suicidal crisis, rehospitalisation) are analysed in 2x90 patients with schizophrenia. Patients participate in ongoing RCT comparing social cognitive vs. neurocognitive remediation (ISST-study). Both CR-conditions comprise 18 sessions each within a treatment period of 6 months.

Results: Interim analysis in n=81 patients completing and n=29 patients discontinuing the treatment period so far revealed very high rates of attendance in treatment sessions in completers (94%) as well as in the entire sample including discontinuing patients (74%). Safety events were transient and occurred in total in only about 15% of patients during the treatment period.

Conclusions: The results show that 6 months outpatient cognitive remediation is feasible, in general well received, and save for patients with schizophrenia.

Conflict of interest: No

Keywords: schizophrenia; Feasibility; cognitive remediation; safety

EPV1287

Influence of age on the subjective well-being in endogenous psychosis

T. Yamada*, H. Sakamoto and K. Okutani

Hyogo University of Health Sciences, Occupational Therapy School of Rehabilitation, Kobe, Japan

*Corresponding author.

Introduction: The findings of the previous study clearly indicated higher levels of subjective well-being among older age groups than younger ones, and females than males in Japanese adults (Shimai et al). However, little is known about these factors for people living with mental illness.

Objectives: This study aims to describe factors associated with subjective well-being in patients with endogenous psychosis in the psychiatric hospital and community, and especially the effect of age and gender.

Methods: A comparative cross-sectional study was conducted with clinically stable persons diagnosed with endogenous psychosis. A convenience sample of 29 participants (15 participants: fifty years old and above, 14: under 50 years old) was drawn from the inpatients, the psychiatric day care and the sheltered workshop settings. They were evaluated by the Subjective Well-Being under Neuroleptic drug treatment Short form -Japanese Version (SWNS-J) as a specific well-being measure. The Japanese version of the Brief Psychiatric Rating Scale (BPRS) was used to assess symptom severity. Man-Whitney U test was used to analysis the differences between two groups.

Results: The SWNS-J score in participants of 50 years old and above was significantly higher, compared with that in participants under 50 years old ($P < 0.02$). The largest correlations were obtained between the SWNS-J score and age, particularly in males ($P < 0.05$).

Conclusions: We conclude that these data of our report provide the valuable information for future research in mental health area, especially in the area of interventions to promote subjective well-being of people living with mental illness.

Conflict of interest: No

Keywords: Subjective Well-being; Endogenous Psychosis; Age; SWNS-J

EPV1289

Emotional facial recognition deficits in patients with alzheimer's disease and schizophrenia: trans-diagnostic effects of social functioning factors

A. Vieira-Campos¹, J.L. Ayuso-Mateos^{2*}, M.T. Carreras-Rodriguez¹, J. Vivancos¹, A. Bilderbeck³, M. Aghajani⁴, G. Lopez-Montoya⁵, C. Martinez⁵, C. Arango⁶ and A. De La Torre-Luque⁷

¹La Princesa University Hospital, Neurology, Madrid, Spain;

²Universidad Autonoma de Madrid, Psychiatry, Madrid, Spain; ³P1 Vital Ltd, Psychopharmacology And Emotion Research Laboratory, Wallingford, United Kingdom; ⁴Amsterdam UMC/VUmc,

Department of Psychiatry, Amsterdam, Netherlands; ⁵Gregorio Marañon University Hospital, Psychiatry, Madrid, Spain; ⁶Hospital General Universitario Gregorio Marañón, Child And Adolescent Department of Psychiatry, Madrid, Spain and ⁷Center of Biomedical Research in Mental Health (CIBERSAM)., Department of Psychiatry. Universidad Autonoma De Madrid, Madrid, Spain
*Corresponding author.

Introduction: Mounting evidence suggests strong relationship between emotion recognition impairments and limited social functioning (SF) in both Schizophrenia (SZ) and Alzheimer's Disease (AD) patients. However, the specific profile of deficits may differ in both and are likely to have a relationship with the deficits observed in emotional recognition processes in both patient populations.

Objectives: This study aimed to investigate SF of these disorders and its influence on facial emotion recognition.

Methods: Four groups were recruited: SZ (n = 57, 71.93% men; m = 30.72 years, sd = 6.34), AD (n = 46, 56.52% men; m = 68.83 years, sd = 7.05) and two age-matched control groups (CG1: n = 31, 58.06% men; m = 28.55 years, sd = 7.18; CG2: n = 28, 53.57% men; m = 67.07 years, sd = 7.03). Participants completed some scales on SF, loneliness and depression symptoms. Facial emotion recognition was assessed by the Facial Emotion Recognition Task (FERT), and general cognition by the Digit Symbol Substitution Test (DSST).

Results: As a result, SZ participants showed higher levels of loneliness and lower levels of social engagement ($p < .01$); than those from CG1. FERT performance was predicted by general cognition (all outcomes). Poor social engagement and interpersonal behaviour was related with worse accuracy to detect negative emotions. Finally, higher levels of loneliness were associated with lower misclassification of negative emotions. These results were independent of study group.

Conclusions: Higher levels of social deficit insight in SZ patients and a systematic bias in negative facial emotion decoding could explained these results.

Disclosure: This study reflects only the author's views and empirical results. Neither the 'Innovative Medicines Initiative (IMI2 JU) nor EFPIA nor the European Commission are liable for any use that may be made of the information contained therein.

Keywords: social functioning; schizophrenia; dementia; emotion recognition

EPV1290

Do negative symptoms worsen functionality in early psychosis?

H. Becerra Darriba

Osasunbidea - Servicio Navarro de Salud, Centro De Salud Mental De Tudela, Tudela, Spain

Introduction: The presence of negative symptoms in early psychosis is variable. However, its persistence has been associated with a worsening prognosis and impaired functionality.

Objectives: To determine the influence of negative symptoms on functional outcomes, in the early stages of psychosis.

Methods: An observational study was designed on a sample of 41 outpatients, aged between 18 and 45 years, who had presented a first episode of psychosis, without a substance use disorder, during the last three years. A semi-structured interview collected the main sociodemographic characteristics and negative symptoms were explored using the Positive and Negative Syndromes Scale

(PANSS). The Functioning Assessment Short Test (FAST) was applied, focusing on six areas (autonomy, occupational and cognitive functioning, financial issues, leisure) to quantify the functionality. Statistical analysis was performed using SPSS v21.0 (statistical significance $p < 0.05$).

Results: The patient profile was a male (55%), with a mean age of 30.5 years ($SD = 7.2$), single (87.5%), student (47.5%), living in urban areas (82.5%) with the family (60%). The average age of psychotic debut stood at 25.8 years ($SD = 6.9$). Standardized PANSS-Negative scores were positively correlated significantly with the standardized results of FAST-Total ($r = 0.385$; $p = 0.015$) and FAST-Cognitive ($r = 0.478$; $p = 0.002$), respectively. Negative symptoms explained 12% of the variance of total functioning ($R^2 = 0.115$) and 20% of the variance of cognitive functioning ($R^2 = 0.196$; $p = 0.005$).

Conclusions: The presence of negative symptoms in early stages of psychosis appears to increase the impairment of psychosocial functioning and cognition.

Conflict of interest: No

Keywords: negative symptoms; functionality; Cognition; early psychosis.

EPV1291

Features of the syndrome of dysmorphofobia in patients with schizophrenia

I. Belokrylov*, A. Brukhin, T. Lineva, V. Karnozov, G. Kirsanova and G. Muzychenko

Peoples' Friendship University of Russia (RUDN University), Department of Psychiatry And Medical Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: Dysmorphofobia is a pathological discontent with one's own appearance, which is most common at a young age. It can occur in relatively mild mental illness-depression, hypochondria, personality disorders, and schizophrenic spectrum disorders. At the same time, the nosological specificity of dysmorphophobia is noted.

Objectives: To study the clinical manifestations, dynamics and outcomes of dysmorphophobia syndrome in patients with schizophrenia.

Methods: 115 patients (70 men and 45 women of young age) with the established diagnosis "pseudoneurotic schizophrenia" were examined. The pathological dissatisfaction with the appearance (syndrome of dysmorphophobia) was revealed in the clinical findings of the abovementioned patients. The Research Methods: clinical-and-psychopathological, catamnestic, psychometric, and statistical methods.

Results: The following features of dysmorphophobia in patients with schizophrenia were revealed: mostly delusional pathological dissatisfaction with appearance, dysmorphophobic ideas related to several parts of the body; actual physical disabilities of patients were ignored; delusions of reference and the relentless pursuit for the correction of physical disability and were expressed.

Conclusions: Schizophrenia with dysmorphophobia syndrome occurs predominantly in low- and average prodromence, accompanied by severe social exclusion, isolation, and loss of the ability to work. Dysmorphophobia in patients with schizophrenia is very difficult to treat.

Disclosure: The publication was prepared with the support of the "RUDN University Program 5-100"

Keywords: dysmorphofobia; schizophrenia; clinical prognosis

EPV1294

Secondary psychosis due to a systemic infection? a case report

P. Coucheiro Limeres^{1*}, M.D.C. Aguilar Romero² and C. González Juárez²

¹Instituto Psiquiátrico José Germain, Psychiatry, Leganés, Spain and

²Hospital Severo Ochoa, Psychiatry, Leganés, Spain

*Corresponding author.

Introduction: In assessing a first psychotic episode it is necessary to discard possibilities of other underlying medical pathologies that may cause the psychiatric symptoms.

Objectives: To illustrate the warning signs that must be considered in the assessment of a first psychotic episode.

Methods: We present the case of a 24-year-old male, without psychiatric history, treated in the emergency department for behavioral disturbances evolving over the course of 5 days. Auditory and visual hallucinations, echolalia, episodes of self-aggression and psychomotor agitation are described. Fever had been described for 3 days before the consultation.

Results: No analytical alterations are observed, nor in the imaging tests (Rx thorax, cranial CT). Lumbar puncture is normal. Serologies and drug test are negative. Empirical treatment is initiated with Aciclovir and Haloperidol. Subsequently, EEG and NMR are performed that are within normality. With this data it seems very unlikely to be infectious encephalitis, therefore treatment is suspended after 10 days. The patient evolves favorably without presenting any neurological deficit, being finally diagnosed with neurological functional disorder possibly reactive to systemic infection. The data that guide our patient towards secondary psychosis are: fever of unknown origin, fluctuations in symptomatology and state of consciousness, visual hallucinations and absence of personal or family psychiatric history.

Conclusions: It is essential to conduct a regulated study of the patient prior to the first psychotic episode, by means of a complete history, a careful clinical examination, and regulated complementary tests.

Conflict of interest: No

Keywords: Secondary psychosis; Neurological functional disorder; Systemic infection

EPV1296

Treatment of delusional ideas of poisoning with paliperidone prolonged release. diagnostic discussion. case report

P. Del Sol Calderón*, Á. Izquierdo De La Puente and M. Garcia Moreno

HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: This is a 45 year old male with a diagnosis of delusional disorder with low adherence and poor response to treatments

(last pimozide in infratherapeutic doses due to side effects) that is admitted due to high dysfunctionality during his daily day. No apparent deterioration since the beginning of follow-up.

Objectives: The aim of this case is to demonstrate the efficacy of prolonged-release paliperidone as a treatment of long-term poisoning delusion.

Methods: case report and literature review

Results: The patient presents the idea of being poisoned through "pills" by neighbors and relatives. He perceives drug particles through wall moldings, dust motes, in toothpaste and in different foods being for a week without eating because of this reason. He presents bodily sensations such as headache and intense itching. Due to the characteristics of the ideas, he was diagnosed with delusional ideation, but in the last admission, he verbalized that the pills generate "cerebral changes, noting that his frontal lobe softens so that more medication can get through". After starting paliperidone injection, a progressive distancing of ideas is achieved, an improvement in anxiety, allowing him to interact with others without hyper-alert status. Diagnosis in the last admission: Paranoid schizophrenia

Conclusions: Pimozide is an effective drug to treat tactile delusional ideas, although research lines are lacking. In this case, the "bizarre" of the ideas presented and their functional impairment led to the diagnosis of paranoid schizophrenia. Paliperidone injection is effective against this symptomatology, reducing side effects compared to oral, improving adherence.

Conflict of interest: No

Keywords: tactil hallucinosis; delusional ideas; antipsychotic

EPV1297

Cognitive deficit in schizophrenia and epilepsy: common aspects

G. Esparrago Llorca^{1*}, M. Rodríguez Parrón¹, L. Carrión Expósito², M.D. Bordes Giménez³, F. Díaz Fernández³, G. Andrés Pereira³ and P. Juncosa Montes³

¹Servicio Extremeño de Salud, Equipo De Salud Mental, Cáceres, Spain;

²Servicio Andaluz de Salud, Ugc-salud Mental Hospital Infanta Margarita, Córdoba, Spain and ³Servicio Extremeño de Salud, Hospital San Pedro De Alcántara, Cáceres, Spain

*Corresponding author.

Introduction: It is increasingly clear that cognitive deficits are an intrinsic part of both schizophrenia and epilepsy.

Objectives: To study and compare the main characteristics of the cognitive deficit that appears both in patients with schizophrenia and in those with epilepsy.

Methods: We made a bibliographic review of the most relevant literature on this subject published over the last 5 years.

Results: Epilepsy: - Cognitive deficits can be seen in several domains, including learning, memory, attention and executive functioning. The most common one is memory impairment. - The etiology of seizures is the main factor in cognitive outcome. - Seizures in early life, regardless of etiology, can lead to cognitive impairment. Schizophrenia: - The most deficient cognitive functions are: attention, working memory, reasoning and problem solving, visual learning and social cognition. - The key areas that predict evolution are: memory, attention and executive function. - Executive function and memory are probably the most significant areas and are associated with the ability to function effectively in society.

Conclusions: Cognitive deficits can be observed in all phases of both diseases, even before the onset of psychosis or epilepsy, and are

relatively stable over time. Memory, attention and executive function are the areas of cognitive impairment in which schizophrenia and epilepsy seem to have more in common. The profile of cognitive impairment in schizophrenia like-psychosis (chronic interictal psychosis that is difficult to differentiate from schizophrenia) within epilepsy seems to be similar to that observed in schizophrenia, but less pronounced, suggesting that there is no nosological independence between them.

Conflict of interest: No

Keywords: schizophrenia; epilepsy; cognitive deficit

EPV1298

Benign paranoia, sensitive delusion of reference case report

M. García Moreno^{1*}, A. De Cós Milas², L. Beatobe Carreño², P. Del Sol Calderón¹, Á. Izquierdo De La Puente¹, M. Vizcaíno Da Silva³ and M.B. Poza Cano³

¹CENTRO DE SALUD MENTAL MAJADAHONDA.HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain; ²CENTRO DE SALUD MENTAL MÓSTOLES. HOSPITAL UNIVERSITARIO DE MÓSTOLES, Psychiatry, MADRID, Spain and ³CENTRO ESPECIALIDADES SAN CARLOS. HOSPITAL UNIVERSITARIO EL ESCORIAL, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: Sensitive delusion of reference is a favourable evolution subgroup within delusional disorders that is most frequently observed in neurotic personalities that may develop psychotic symptoms (delusional ideation / interpretations) in the context of stressful situations.

Objectives: To present a theoretical and practical review about sensitive delusion of reference.

Methods: We carry out a literature review about sensitive delusion of reference, accompanied by the clinical description of one patient with this diagnosis.

Results: 35 years old male referred to our outpatient mental health service with depressive symptoms (sadness, irritability, apathy, social withdrawal, psychomotor slowdown, cognitive failures) of several months evolution, occasionally accompanied by distrust, referential symptoms and delusional ideation. Anancastic and avoidant personality traits were appreciated. As previous personal psychiatric history it should be noted a psychogenic psychosis episode two years before. We initially established diagnosis of depressive episode and initiated treatment with duloxetine and aripiprazol. The symptoms described improved and antipsychotic treatment was gradually withdrawn with a recurrence of distrust, referential clinic and delusional interpretations, but without worsening of the depressive symptoms. Then we consider a primary psychotic disorder, not only the presence of psychotic symptoms in context of an affective disorder; due to symptomatology and personality traits observed we propose the diagnosis of sensitive delusion of reference. Months later antidepressant treatment is withdrawn, without worsening of the described clinic.

Conclusions: We must propose sensitive delusion of reference in the differential diagnosis of psychotic disorders with predominance of delusion and referential symptoms in patients with neurotic traits.

Conflict of interest: No

EPV1300

Impulsivity in subjects at ultra high risk for psychosis.

F. Ghrissi* and F. Fekih

Razi Hospital, Psychiatry University Tunis El Manar, Mannouba, Tunisia

*Corresponding author.

Introduction: “Ultra-high risk for psychosis” (UHR) refers to subjects experiencing sub-threshold psychotic symptoms that can be regarded as a risk factor for developing schizophrenia. Although there is strong evidence regarding behavioral problems UHR subjects, studies of impulsivity in this population are scarce. Serious behavioral problems may be associated with impulsivity. Therefore, early intervention before psychosis develops is critical for relieving these adverse manifestations.

Objectives: The aim of this literature review was to update the mechanisms linking impulsivity and UHR, the Clinical and course features of these concomitant disorders, assessment of impulsivity and current therapeutic indications.

Methods: We conducted this literature review through the pubmed website, using these keywords: impulsivity, UHR, early psychosis.

Results: Several models have been cited to explain the link between impulsivity and psychosis or prepsychotic states: impaired executive functions, neurobiological mechanisms, emotional dysregulation, genetic and environmental mechanisms. Some evidence suggests that high levels of impulsivity in UHR subjects are associated with a higher risk of psychotic transition. Impulsivity is a dynamic risk factor for some serious behavioral disorders (such as violence, substance use, and suicide) that may be targeted by specific therapeutic measures. Some cognitive, pharmacological, neuromodulatory and neurofeedback therapeutic approaches seem promising in the management of impulsivity in the early phases of psychosis.

Conclusions: Impulsivity rates appear to be significantly higher among UHR subjects and to influence the course of these disorders, including the psychosis transition. The detection and early management of high impulsivity in UHR subjects is of great importance in reducing negative consequences on functioning, as well as serious behavioral consequences.

Conflict of interest: No

Keywords: Impulsivity; ultra-high risk for psychosis UHR; early phases of psychosis; Behavioral disorders

EPV1301

Clozapine and myocarditis: a case report

Á. Izquierdo De La Puente^{1*}, P. Del Sol Calderón¹, M. Garcia Moreno¹, O. Mendez Gonzalez¹, M. Vizcaíno Da Silva¹, R. Fernández Fernández² and A. Rodríguez Rodríguez¹

¹HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain and ²Hospital Universitario HM Puerta del Sur, Psychiatry, Mostoles, Spain

*Corresponding author.

Introduction: Myocarditis is caused by multiple factors, including drugs. Antipsychotics are one of them that can cause it. We present the case of a patient who presents with myocarditis with clozapine treatment.

Objectives: The objective is to make a brief review of this side effect.

Methods: 22 year old male with a previous diagnosis of schizophrenia. He presents a decompensation of his basic psychopathology with delusions and hallucinations. After trying three different types of antipsychotics, it is decided to start treatment with clozapine, reaching a maximum dose of 100 mg.

Results: On the third day of treatment, the patient presents an alteration in the EKG, as well as elevation of the troponin to 0.23 µg / L. He was diagnosed of myocarditis. For that reason, it is decided to withdraw the drug.

Conclusions: Myocarditis caused by clozapine is around 0.7-3%. The mechanism of production is either by type 1 hypersensitivity reaction (mediated by IgE) or by direct damage, through muscle infiltration. It usually appears in the first six months of treatment, being more frequent in the first weeks of treatment. It is not clear whether it is a dose-dependent effect; however, it has been observed that the faster the dose increase the more risk there is of developing it. The treatment that can be fatal (about 33%) is the withdrawal of the cause.

Conflict of interest: No

Keywords: clozapine; Myocarditis

EPV1302

Endocannabinoid system and dual disorder: a case report

Á. Izquierdo De La Puente*, P. Del Sol Calderón and M. Garcia Moreno

HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: The endocannabinoid system has been linked to the etiopathogenesis of dual disorders in patients with schizophrenia
Objectives: The objective is to make a brief review in relation to a case of a patient with dual pathology.

Methods: A 45-year-old female patient who, as a background of interest, had a psychotic episode in relation to cannabis use. The patient, from the age of 14, consumed, without any withdrawal period, up to 12 U day of cannabis.

Progressively, for about two weeks, the patient began with delusional ideation of harm and auditory hallucinations centered on her neighbors. This symptomatology, after receiving antipsychotic treatment, yields after two weeks of admission. After this episode, the patient presents great affectation in the previous functionality, with affective flattening and alteration of the executive functions. Despite this, it maintains active cannabis use.

Results: The endocannabinoid system consists of two ligands and two receptors (CB1 and CB2). One of those ligands is the AEA that is a CB1 agonist and a CB2 partial agonist. Above all, it is located at the level of the prefrontal cortex, basal ganglia and hippocampus. It acts on the reward system, modulating the response to stress and memory.

Conclusions: Dual pathology, is in close relationship with this system. On the one hand, in the schizophrenia the same regions where the endocannabinoid system is altered, there is an increase at peripheral level and in CSF of AEA and also the density of the CB1 and CB2 receptors are altered.

Conflict of interest: No

Keywords: schizophrenia; dual disorder; Endocannabinoid system

EPV1306

Cortico-induced psychotic episode: a case report

W. Kabtni^{1*}, A. Baatout², A. Rebai³, C. Ben Cheikh², H. El Kefi⁴ and A. Oumaya⁴

¹military hospital of Tunis, Psychiatry Department, Tunis, Tunisia;

²Military hospital of Tunis, Psychiatry Department, Tunis, Tunisia;

³Razi University Hospital, Adult Outpatient Psychiatry Department, Mannouba, Tunisia and ⁴military hospital of tunis, Psychiatric Unit, tunis, Tunisia

*Corresponding author.

Introduction: Corticosteroids have seen their prescription expand in different medical disciplines. However, their therapeutic effects in multiple pathologies are obtained at the cost of equally varied side effects. Psychiatric side effects secondary to corticoids have been described for a long time.

Objectives: To describe the cortico-induced psychiatric manifestations.

Methods: A patient case is presented with associated literature review.

Results: Ms M.K aged 35 years old, without medical history, admitted to the gastroenterology department since 5 days to manage a first episode of hemorrhagic rectocolitis. M.K was treated with hydrocortisone hemisuccinate in high doses. At the 3rd day of treatment, M.K presented irritability, anxiety and insomnia, then auditory and visual hallucinations and delusions of persecution. The diagnosis of acute psychotic episode was retained. Thus, the patient was put on resperidone with a progressive degeneration of corticosteroids then a switch to 5 ASA. The treatment was well tolerated and allowed a rapid amendment of psychiatric symptomatology after one week. The antipsychotic was maintained in outpatient follow-up for six months.

Conclusions: Informing health care teams, patients and their families about the possibility of psychiatric side effects related to corticosteroids would allow early detection and management and avoid the occurrence of serious disorders.

Conflict of interest: No

Keywords: psychosis; corticoids; side effect

EPV1308

Medication compliance in schizophrenia: a qualitative study of patients' perspectives

C. Laranjeira

Piaget Institute - RECI I&D, Higher School of Health Sciences, Viseu, Portugal

Introduction: Adherence to pharmacological treatment is essential for alleviation of psychotic symptoms in schizophrenia. Medication nonadherence is associated with an increased risk for relapse of psychosis, persistent symptoms, and suicide attempts.

Objectives: To understand how patients with schizophrenia adjust management of therapeutic regime to their daily lives and to identify the factors affecting medication compliance.

Methods: A generic qualitative methodological approach was used. A total of twenty patients with schizophrenia were recruited from an acute psychiatric unit at a general hospital in Portugal. We conducted interviews based on a structured interview guide. Interviews were recorded, transcribed, codes generated and thematic analysis undertaken aided by NVivo.

Results: The mean age of the sample was 38.7 years (SD = 5.3 years; range 22–62). The sample distribution included 8 women and a roughly even distribution of individuals residing independently vs in board and care homes. Four categories of dimensions were identified: (a) individual factors, defined conceptually by dealing with stigma and self-management strategies, which include interruption of treatment, selective medication-taking and forgetting, (b) related to treatment, regarding side effects of medication, (c) social factors, conceptually defined by social and family support, (d) health system-related factors, including the nature of relationship between healthcare professionals and patients.

Conclusions: Management of therapeutic regime is a complex and multidimensional process, determined by the intersection of several interrelated factors that together can improve or worsen it. Regarding the patients, psycho-education can improve their knowledge, learn how to adapt with symptoms and develop behaviors that help them move toward recovery.

Conflict of interest: No

EPV1310

Mother-child bond and schizophrenia in treatment with paliperidone palmitate. clinical case.

S. Pérez Sánchez^{1*}, I. Martín Herrero¹, A. Crespo Portero², D. Güimil Raya¹ and M. Cassinello Marco¹

¹Morales Meseguer Public University Hospital, Psychiatry, Murcia, Spain and ²Lorca Mental health Center, Psychiatry, Lorca, Spain

*Corresponding author.

Introduction: Description of the clinical case. A 27-year-old woman with schizophrenia who has been requesting a long-term injectable treatment regimen for 6 months to improve compliance with treatment in which the relationship of attachment with her child is evaluated and the difficulties in parenting are monitored. First psychotic episode at age 19, since then in mental health with oral paliperidone treatment. Subsequently he has presented two psychotic episodes and the need for hospitalization. Diagnosis of schizophrenia. Good family support and stable partner. 6 months ago, he changed from oral treatment to long-term injectable with good tolerance.

Objectives: Psychopathology Exploration: Stability of the psychotic clinic, although it refers to episodes of anxiety and difficulty in handling emotions in response to your child's demands. No current major psychotic or affective clinic. Complementary explorations. Detection of difficulties in the upbringing and evaluation of attachment ties is carried out.

Methods: Schizophrenia. DSM5: 295.90; ICD10: F20.9

Results: Evolution. It is detected at 2 months postpartum autoreferentiality, she referred to frequent forgetfulness of oral antipsychotic, so the Paliperidone Palmitate regimen is assessed. Over the next 6 months, clinical stabilization is achieved, mother-child attachment links improve, and it is included in the psychoeducation program.

Conclusions: Discussion. The approach to schizophrenia at different stages of the life cycle is very important. In our case, the introduction of long-lasting injectable antipsychotic has facilitated the completion of treatment, allowing to jointly address comprehensive care towards the promotion of parenting and specific needs at this stage of the life cycle.

Conflict of interest: No

Keywords: Mother-child attachment; schizophrenia; parenting

EPV1312

Aripiprazole long-acting injectable in schizophrenia. A 33 months follow-up

S.L. Romero Guillena^{1*} and B.O. Plasencia Garcia De Diego²

¹U.G.C. Salud Mental Virgen Macarena, Psychiatry, Seville, Spain and

²U.G.C. Salud Mental Virgen del Rocío, Psychiatry, Sevilla, Spain

*Corresponding author.

Introduction: The effects of long-term antipsychotic therapy on patients with schizophrenia should be assessed. Aripiprazole is an effective drug for the positive and negative symptoms of schizophrenia; it is well tolerated and has a low sedative potential.

Objectives: To assess the effectiveness, functionality and tolerability of Aripiprazole long-acting injectable (ALAI) in patients with stable schizophrenia

Methods: The study sample involved 18 patients with stable schizophrenia (DSM 5 criteria) who started treatment with ALAI between January-December 2016. On a tri-monthly basis, the following evaluations were performed during a follow-up period of 33 months: Brief Psychiatric rating Scale (BPRS); Global Clinical Impression Scale (ICG-SI); Personal and social Performance (PSP) And Side effects reported The study was performed in accordance with the Declaration of Helsinki and all the participants provided written consent for participation. Student's t-test and Chi-square test were used to assess differences between baseline evaluation and subsequent visits. Statistical analysis was performed with SPSS 22.0

Results: Mean variations from baseline scores at 33 months were: (-3,65 ±3.14) on the BPRS, (-1.07± 0.82) on the ICG-SI and (10.21±5.67) on the PSP scale. The most frequent side effect with an incidence of 22% was transient mild insomnia. The rate of adherence to treatment with Aripiprazole long-acting injectable after 33 months was 55.6%. The percentage of patients on monotherapy increased from 39.6% baseline to 66.6% at the end of the study

Conclusions: Aripiprazole long-acting injectable can be effective therapy for the treatment of patients with schizophrenia improves psychopathological symptoms, functionality and is well tolerated, In clinical practice conditions

Conflict of interest: No

Keywords: long-term antipsychotic; Aripiprazole long-acting injectable; schizophrenia

EPV1313

Paliperidone palmitate 3 month formulation for the treatment of schizophrenia: a 36 months follow-up study

S.L. Romero Guillena^{1*} and B.O. Plasencia Garcia De Diego²

¹U.G.C. Salud Mental Virgen Macarena, Psychiatry, Seville, Spain and

²U.G.C. Salud Mental Virgen del Rocío, Psychiatry, Sevilla, Spain

*Corresponding author.

Introduction: Paliperidone Palmitate 3-month formulation (PP3M) is a new formulation of the Palmitate salt ester of Paliperidone which provides an extended sustained release of Paliperidone.

Objectives: The principal aim of this study was to evaluate the effectiveness, safety and tolerability of the PP3M in patients with non-acute schizophrenia on an outpatient basis

Methods: 30 outpatients with diagnosis of schizophrenia (DSM 5) that started treatment with PP3M were recruited. On a tri-monthly basis, the following evaluations were performed during a follow-up period of 36 months: Positive and Negative Syndrome Scale (PANSS), Personal and Social Performance Scale (PSP), Global Clinical Impression Scale (ICG), UKU Side Effect Scale and Patient Satisfaction with Medication Questionnaire (PSMQ). Efficacy values: Percentage of patients who remained relapse free at the end of the 36 months (as defined by Csernansky)

Results: Percentage of patients who remained relapse free at the end of the 36 months was 90 %. Mean variations from baseline scores at 36 months were: (-2.8 ±3.6) on the PANSS, (-0.27 ±0.32) on the ICG scale and (3.89 ±2.67) on the PSP scale. A not significant increase was found in the number of patients reporting to be "extremely satisfied" or "very satisfied" with their medication (PSQM) (80% at baseline vs. 86.66% at 36 months) The rate of adherence to treatment with PP3M after 36 months was 86,7%. Tolerance to PP3M was high and only of the patients discontinued their treatment due to adverse effects (sexual dysfunction)

Conclusions: We found that long-term treatment with PP3M is effective, safe and well tolerated in clinical practice conditions

Conflict of interest: No

Keywords: long-term antipsychotic; Paliperidone palmitate 3-month formulation; schizophrenia

EPV1315

Machiavellianism factors in patients with various forms of schizophrenia

E. Sokolova¹, I. Oleichik², K. Andreyuk¹ and A. Ryzhov^{1*}

¹Lomonosov MSU, Faculty of Psychology, Moscow, Russian Federation and ²Mental Health Research Centre, Department of Endogenous Mental Disorders And Affective Conditions, Moscow, Russian Federation

*Corresponding author.

Introduction: Interpersonal communication as an ambiguous situation may instigate anxiety and specific vulnerabilities in patients with mental disorders. Machiavellianism in such cases can play a role of psychological defense against intolerable encounter with subjectivity of the Other.

Objectives: The goal of the study was to reveal what clinical traits and values-related attitudes are related to manipulative conduct in inpatients with schizophrenia spectrum disorders.

Methods: 40 inpatients with paranoid schizophrenia and 40 inpatients with schizotypal disorder took part in the study. Machiavellianism was measured with a modified MACH-IV scale (Znakov, 2000). Clinical traits were assessed with the Russian version of SPQ-74 questionnaire (Efremov, Enikolopov, 2011). Personal values were determined by "Fairness-Care" questionnaire (Molchanov 2005).

Results: Correlation analysis in schizotypal patients group reveals a link between Machiavellianism and Suspiciousness ($r=0,362$, $p<0,05$). They show high levels of mistrust, the higher the more manipulative they are. In paranoid schizophrenia group the Suspiciousness was also high, but wasn't significantly related to Machiavellianism. In inpatients with paranoid schizophrenia high levels of Machiavellianism are related to low Account for individual rights and freedom ($r=-0,406$, $p<0,01$). In both groups Machiavellianism is positively related to negligence of Law and Order ($p<0,01$).

Machiavellians with schizophrenia spectrum are oriented towards own intentions even if those contradict the conventional norms.

Conclusions: Machiavellian schizophrenia spectrum inpatient with a developed cynical image of deceitful, hypocritical world relies on his own interests and orients towards situational values and self-comfort. He tends to attribute similar attitudes to other people and in turn reacts with suspiciousness, vigilance and fear.

Conflict of interest: No

Keywords: schizophrenia; schizotypal disorder; Machiavellianism; values

EPV1316

Smooth pursuit eye movements in different schizophrenia dimensions

M. Skuhareuskaya^{1*}, N. Khamenka², O. Skugarevsky³, T. Skuhareuskaya² and I. Obyedkov⁴

¹The Republican Research and Practice Mental Health Center, Psychiatry, Minsk, Belarus; ²Belarusian State Medical University, Psychiatry And Medical Psychology, Minsk, Belarus; ³Belarusian State Medical University, Psychiatry, Minsk, Belarus and ⁴The Republican Research and Practice Mental Health Center, Narcology, Minsk, Belarus

*Corresponding author.

Introduction: Oculomotor dysfunction is one of the most replicated findings in schizophrenia.

Objectives: We have tested smooth pursuit eye movements (SPEM) in different schizophrenia dimensions, according to the three-syndrome model of schizophrenia.

Methods: The study included 187 patients who met the ICD-10 criteria for schizophrenia (mean age 36.8 years; standard deviation [SD] =11.6) and 60 healthy volunteers ((mean age 36,4 SD =11.4).The schizophrenia patients were divided into three groups based on the sum of the global SAPS and SANS scores: patients with predominantly negative symptoms (NS, n=111); positive symptoms (PS, n=54) and disorganization symptoms (DS, n=22). Horizontal eye movements were recorded using videonystagmograph. Visual stimulus was presented on the portable light bar and moved with different speed (0,2 Hz - 0,7Hz).

Results: We found that SPEM performances (measured by smoothness coefficient G) in all groups of schizophrenia patients were lower than in controls at stimulus speed being 0.2 Hz. The smoothness (G) decline was the highest in the DS group compared to controls (Cohen's d=1.25). The higher speed of the stimulus, the more difference between controls and schizophrenia group grew, reaching its maximum at the speed of 0,7 Hz. Starting with the speed of 0,4 Hz the DS group showed sharp decline in smoothness compared both to controls (Cohen's d=2.05), and other comparison groups (Cohen's d PS-DS=0,93, d NS-DS =0.79). The performances of PS and NS were close to each other on all stimulus speeds.

Conclusions: The DS group showed the worst SPEM performance among all groups of schizophrenia patients.

Conflict of interest: No

Keywords: schizophrenia; smooth pursuit eye movements; dimensions

EPV1317

Controversy and current relevance of the diagnosis of simple schizophrenia: a case report.

F.J. Torres Varona^{*}, S. Benavente López, M. Plaza Yuste, C.M. Hernández Caro, J. Cozar Ortiz, C. Torrente Seoane, C. Rodríguez Delgado, Y. Ainslie Mata, C. Iglesias García and M. Presa García

Hospital Central de la Defensa Gómez Ulla, Psychiatry And Mental Health Department, Madrid, Spain

*Corresponding author.

Introduction: Simple schizophrenia is a rare subtype of schizophrenia, which is characterized by the insidious development of negative symptoms, with the absence of hallucinations or well-formed delusions. Despite its significant impact on a functional and social level, it remains a controversial diagnosis.

Objectives: Reflecting on the case of a 31-year-old male diagnosed with schizophrenia with a clear predominance of negative symptoms.

Methods: We present the case of a 31-year-old male diagnosed with schizophrenia, who was admitted in psychiatry unit due to behavioural alterations. The patient manifested a clear predominance of negative symptoms. No auditory or other hallucinations (except occasional olfactory hallucinations of very mild intensity) were observed at any time during hospitalization. Taking into account his previous psychiatric history, as well as the symptoms observed in the current hospitalization, the patient would meet the ICD-10 and Black and Boffelli's criteria for simple schizophrenia. Literature referring to simple schizophrenia is reviewed.

Results: Clozapine was prescribed at a dose of 400 mg, with a progressive dose increase, being well tolerated. A clear improvement was observed in the patient (organization of speech, thought and behaviour, as well as a decrease in affective flattening).

Conclusions: The concept of simple schizophrenia is still relevant today, as new approaches advocate rethinking negative symptoms as a central feature of schizophrenia. Epidemiological studies are needed that contribute to knowledge about simple schizophrenia. More studies are needed that can support clozapine treatment in these patients.

Conflict of interest: No

Keywords: clozapine; simple schizophrenia; attenuated psychosis

EPV1318

Prevalence of physical illness in relatives of patients diagnosed with schizophrenia

F.J. Torres Varona^{1*}, P. García Ramos², S. Benavente López¹, C. Gutiérrez Ortega¹, R. Losantos Pascual¹, C. Torrente Seoane¹, M. Plaza Yuste¹, J. Cozar Ortiz¹, C.M. Hernández Caro¹, C. Rodríguez Delgado¹, Y. Ainslie Mata¹ and M. Presa García¹

¹Hospital Central de la Defensa Gómez Ulla, Psychiatry And Mental Health Department, Madrid, Spain and ²Private Practice, Private Practice, Madrid, Spain

*Corresponding author.

Introduction: Patients diagnosed with schizophrenia (PDS) have a decreased life expectancy, which has been linked to a higher

prevalence of medical comorbidity. Inflammatory, neuroendocrine and immune alterations have been reported in PDS. Current research suggests an intrinsic vulnerability to some physical illnesses in this population. 70% of the risk of developing schizophrenia is genetically determined. Neuroendocrine and immune alterations have been described in relatives of PDS. Therefore, PDS relatives may also have a higher prevalence of physical illnesses. Some studies have reported a high prevalence of diabetes mellitus and autoimmune diseases in this population. However, the literature on this subject is still scarce.

Objectives: We intend to study the prevalence of physical illness in relatives of PDS. This research may contribute to expanding knowledge about the etiopathogenesis of schizophrenia.

Methods: Cross-sectional observational study. A pilot sample of 30 PDS admitted to the psychiatric hospitalization unit of the Hospital Central de la Defensa Gómez Ulla will be selected. Subjects will be interviewed for a personal and familiar history of psychiatric and medical illness. The data will be contrasted with the information in the patient's medical records. Whenever possible, the data will be confirmed by interviewing the parents or siblings of the patients.

Results: The data will be displayed numerically and graphically using a quantitative statistical methodology.

Conclusions: Results will be discussed and compared with previous literature on this subject. A larger sample may be needed so that the conclusions can be considered final.

Conflict of interest: No

Keywords: physical illness; schizophrenia; relatives; medical comorbidity

EPV1319

Multiple sclerosis or extrapyramidal symptoms secondary to treatment with antipsychotics in psychosis. the importance of differential diagnosis. about a case

M. Valverde Barea^{1*}, A. Alvarado Dafonte¹ and F. Cartas Moreno²

¹COMPLEJO HOSPITALARIO DE JAEN, Psiquiatria, JAEN, Spain and ²HOSPITAL SAN JUAN DE LA CRUZ, UBEDA, Psiquiatria, JAEN, Spain

*Corresponding author.

Introduction: Multiple sclerosis (MS) is a chronic neurological disease that affects the central nervous system.

The symptoms of MS will depend on the damaged area. Some of the usual symptoms are: blurred vision, muscle weakness, paraesthesia and muscle spasms, psychiatric symptoms such as depression.

Objectives: The objective is to present a clinical case with differential diagnosis in neurological diseases in patients with schizophrenia who perform antipsychotic treatment.

Methods: A 35-year-old patient has had difficulty walking accompanied by oral-lingual movements for 1 year. This clinic was attributed to side effects of neuroleptic medication that he took when suffering from paranoid schizophrenia. The patient has a fluctuating clinical difficulty in walking due to impaired balance and less force in the LLL. The clinic worsened, making it impossible to walk and affecting sphincter control. Negativist. Delusional ideas of ruin. Depressed mood Pseudo-auditory hallucinations. Neurological examination: Left predominance paraparesis: LLL 3-/5. Hyperreflexia of left predominance. Inability to stand up. Cranial

and spinal NMR: 4 hyperintense lesions in T2 and flair at the periventricular level, extensive involvement of signal increase affecting the cervical and dorsal region at level C2-C3, D6-D7, D9-D10, suggestive of lesions demyelinating. Evoked potentials: Left optic neuropathy.

Results: The diagnosis of multiple sclerosis is confirmed. An extrapyramidal effect of treatment is ruled out, such as oral-lingual dyskinesias that can occur in treatments with first-generation antipsychotics more frequently.

Conclusions: The differential diagnosis of extrapyramidal symptoms in psychotic patients is important since they can be associated with side effects and mask as in this case a multiple sclerosis.

Conflict of interest: No

Keywords: multiple sclerosis; extrapyramidal symptoms; antipsychotics; psychosis

EPV1320

Efficacy of the new formulations of atypical antipsychotics in patients with chronic schizophrenia

D. Vasile*, O. Vasiliu, D. Vasiliu and F. Vasile

University Emergency Central Military Hospital Dr. Carol Davila, Psychiatry, Bucharest, Romania

*Corresponding author.

Introduction: Long acting injectable atypical antipsychotics are useful therapeutic instruments in clinical settings, but differences between them are not well-documented in terms of efficacy and tolerability. No clear-cut recommendations are included in the guidelines that could favor one long acting injectable atypical antipsychotic over another.

Objectives: To compare the evidence for long acting atypical antipsychotics efficacy and tolerability.

Methods: We search through the available electronic databases for differences between the existing long acting injectable atypical antipsychotics, at pharmacodynamic and pharmacokinetic level, in order to verify if specific recommendations could be formulated for each drug.

Results: Pharmacological properties of risperidone microspheres, paliperidone palmitate 1-month and paliperidone palmitate 3-month administered formulations, olanzapine pamoate, aripiprazole monohydrate and aripiprazole lauroxil were analysed and specific properties were underlined. There are a number of pharmacological properties of these drugs that should be taken into consideration when specific variables are considered, like special populations (e.g. renal or hepatic failure), comorbidities (e.g. obesity, metabolic syndrome), individual sensibility to extrapyramidal adverse events, life-style impact (sedation, weight gain, sexual dysfunctions etc). Of course, therapeutic adherence is the main argument for these formulations, but no study has yet demonstrated that longer action (e.g. 12 weeks or 6 weeks interval between doses compared to only 2 to 4 weeks) of some of the above mentioned formulations are associated with higher adherence.

Conclusions: A relatively wide range of long acting injectable atypical antipsychotics is available, therefore choosing between them in clinical practice should be based on a careful analysis of drugs' specific pharmacological properties.

Disclosure: First author was speaker for Astra Zeneca, Bristol Myers Squibb, CSC Pharmaceuticals, Eli Lilly, Janssen Cilag, Lundbeck, Organon, Pfizer, Servier, Sanofi Aventis, and participated

in clinical research funded by Janssen Cilag, Astra Zeneca, Eli Lilly, San

Keywords: olanzapine; paliperidone; atypical antipsychotics; long acting injectable antipsychotics

EPV1322

Uses of clozapine and depot treatment in patients diagnosed with schizophrenia in calatayud's region

C. Ortigosa Bea, B. Pérez Ginés and C. Abad Bouzán*

HELL, Mental Salud, calatayud, Spain

*Corresponding author.

Introduction: Data on the use of clozapine and injectable antipsychotics in patients with schizophrenia has been a study source in several articles in recent years, demonstrating heterogeneity and a big variability in the prescriptions.

Objectives: Our goal is to compare these data with those obtained in Calatayud's Region, assess whether there are differences to initiate future strategies to be proposed.

Methods: We access and review data on clozapine consumption and use of depot treatment in patients diagnosed with schizophrenia and under follow-up by the Calatayud Mental Health Unit.

Results: Patients diagnosed with schizophrenia in this territory compromise around 0.21% of their total population (64.3% men and 35.7% women). The mean age of the user is 49.85 years, the median and the mode 50 years. Patients diagnosed with schizophrenia on treatment with Clozapine are 13.1% of patients under treatment, 41.7% use Depot injections and 2.38% of patients use both.

Conclusions: Global prescribing data for Clozapine and Depot injections in patients diagnosed with schizophrenia in the area we studied (Calatayud) are similar to data collected in other national studies.

Conflict of interest: No

Keywords: clozapine; schizophrenia; Depot injections; treatment

EPV1327

Relevance of butyrylcholinesterase assay in the investigation of schizophrenia

K. Jemal^{1,2}, M. Maalej Bouali³, M. Naifar^{1,2}, W. Guidara^{1,2}, M. Mseddi¹, S. Omri³, N. Smaoui³, M. Maalej³, N. Charfi³ and F. Ayedi^{1,2*}

¹Faculty of Medicine, Ur :12es17 « Molecular Bases Of Human Pathology », Sfax, Tunisia; ²Habib Bourguiba University Hospital, Laboratory of Biochemistry, Sfax, Tunisia and ³Hedi Chaker University Hospital, Psychiatry C Department, Sfax, Tunisia

*Corresponding author.

Introduction: Butyrylcholinesterase (BChE) is an enzyme that has been investigated for its putative role in neurodegenerative and neuropsychiatric disorders.

Objectives: The aim of our work was to study BChE activity variations in schizophrenic patients and to investigate the involvement of this enzyme in schizophrenia's pathophysiology.

Methods: This was a cross-sectional case-control study conducted between June 2016 and July 2018 on antipsychotic-free schizophrenic patients compared to healthy controls. Patients were hospitalized at

the psychiatric C department in Hedi Chaker University Hospital (UH) in Sfax. The diagnosis of schizophrenia was established according to DSM-5 criteria. The symptoms' severity was evaluated by the positive and negative syndrome scale (PANSS). Cognitive functions were evaluated according to the Montreal Cognitive Assessment (MoCA) scale. The analysis of BChE levels was performed in the Laboratory of Biochemistry in Habib Bourguiba UH in Sfax using a colorimetric method by Cobas 6000 Analyser (Roche®).

Results: The sample consisted of 145 individuals: 45 with schizophrenia and 100 with no psychiatric disorder. BChE levels in the schizophrenic group were significantly increased compared to controls (8655 ± 1342 UI/L vs 7648 ± 1304 UI/L; $p < 0.001$). There was no correlation between BChE levels and PANSS different scores. However, BChE levels were significantly and negatively correlated with MoCA cognitive scale ($r = -0.566$; $p = 0.001$)

Conclusions: Schizophrenic patients expressed higher levels of BChE which could be related to the pathophysiology of schizophrenia.

Conflict of interest: No

Keywords: schizophrenia; Butyrylcholinesterase

EPV1330

Psychometric properties and functional correlates of the italian version of the "cognitive assessment interview" (cai) in a large sample of subjects with schizophrenia

F. Brando^{1*}, D. Palumbo¹, G.M. Giordano¹, C. Aiello¹, A. Mucci¹, P. Bucci¹, P. Rocca², A. Rossi³, A. Bertolino⁴, S. Galderisi¹ and M. Maj¹

¹Università degli Studi della Campania "Luigi Vanvitelli", Department of Psychiatry, napoli, Italy; ²University of Turin, Department of Neuroscience, Section Of Psychiatry, Turin, Italy; ³University of L'Aquila, Department of Applied Clinical Sciences And Biotechnologies, L'Aquila, Italy and ⁴University of Bari, Department of Neurological And Psychiatric Sciences, Bari, Italy

*Corresponding author.

Introduction: The Cognitive Assessment Interview (CAI) was developed to investigate the subjective assessment of cognitive impairment and its impact on functioning in subjects with schizophrenia (SCZs). The Food and Drug Administration indicated that the evaluation of changes induced by pharmacological treatments on cognitive deficits should be carried out by integrating "primary" measures (assessed by means of neuropsychological tests) with co-primary measures which include interview-based evaluations as well as the assessment of functional capacity.

Objectives: The aim of the present study was to investigate the psychometric properties and the functional correlates of the Italian version of CAI in 599 SCZs and their caregivers.

Methods: In the context of the Italian Network for Research on Psychoses, we administered CAI to 599 SCZs and their caregivers. We assessed neurocognition by means of the Measurement and Treatment Research to Improve Cognition in Schizophrenia Consensus Cognitive Battery (MCCB), social cognition, functional capacity and real-life functioning.

Results: The Italian version of the CAI revealed excellent internal consistency. The global CAI composite score was correlated with

the MCCB score and with the indices of social cognition, functional capacity and real-life functioning.

Conclusions: Our results demonstrated a good convergent validity and an excellent internal consistency of the Italian version of the CAI. Furthermore, this study showed an association between the subjective assessment of cognitive impairment and the objective measures of cognitive functions, social cognition, functional capacity and functional outcome.

Conflict of interest: No

EPV1333

Persistent negative symptoms in individuals with first-episode of psychosis: six-month follow-up.

O. Cuñat^{1*}, B. Del Hoyo¹, A. Butjosa^{1,2,3}, R. Vila-Badia^{1,3}, C. Serra-Arumi^{1,3}, N. Del Cacho^{1,3} and J. Usall¹

¹Parc Sanitari Sant Joan de Déu, Research Unit, Sant Boi de Llobregat (Barcelona), Spain; ²Maternity and Child Hospital Sant Joan de Déu, Research Unit, Esplugues de Llobregat (Barcelona), Spain and ³Sant Joan de Déu Foundation, Research Unit, Esplugues de Llobregat (Barcelona), Spain

*Corresponding author.

Introduction: Persistent Negative Symptoms (PNS) criteria include the presence of prominent negative symptoms (NS), functional impairment, presence of NS during stability periods and its persistence for at least six months. PNS seems to be associated with male gender, long duration of untreated psychosis (DUP), neurocognitive impairments and presence of traumatic life events.

Objectives: Study the prevalence of PNS in first-episode psychosis patients (FEP). Describe the association between PNS and gender, age-at-onset in FEP, DUP, functional level, positive symptoms, depressive symptoms, antipsychotic drugs doses and childhood traumatic experiences.

Methods: Longitudinal study. Drug-naive FEP patients with NS at the moment of inclusion and maintained at six-month follow-up from Parc Sanitari Sant Joan de Déu were included. Sociodemographic variables, the Positive and Negative Syndrome Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDS), the Personal and Social Performance scale (PSP) and Childhood Trauma Questionnaire subscales (CTQ) were administered at six-month follow-up.

Results: A total of 42 patients (64,3% men and 35,7% women) were included. 47,6% met criteria for PNS. Male gender ($p=0,01$) and worse PSP score ($p=0,02$) were associated with PNS. Same variables were found to be associated using the regression analysis. Sexual abuse subscale of CTQ was inversely associated with PNS ($p=0,03$).

Conclusions: As it is found in other publications, worse functional results and male gender seem to be associated with PNS. Controversial results for CTQ are found, maybe due to limited N in our sample, which is the main limitation of the study. Therefore, further studies are needed to improve the conceptualization of SNP.

Conflict of interest: No

Keywords: first-episode psychosis; drug-naive; Persistent negative symptoms; negative symptoms

EPV1335

Negative symptoms in drug-naive patients with a first-episode psychosis

B. Del Hoyo^{1*}, O. Cuñat¹, A. Butjosa^{1,2,3}, R. Vila-Badia^{1,3}, C. Serra-Arumi^{1,3}, N. Del Cacho^{1,3} and J. Usall¹

¹Parc Sanitari Sant Joan de Déu, Research Unit, Sant Boi de Llobregat (Barcelona), Spain; ²Maternity and Child Hospital Sant Joan de Déu, Research Unit, Esplugues de Llobregat (Barcelona), Spain and ³Sant Joan de Déu Foundation, Research Unit, Esplugues de Llobregat (Barcelona), Spain

*Corresponding author.

Introduction: Negative symptoms (SN) may appear at the beginning of a first-episode psychosis (FEP) and seem to be associated with worse functional results, male gender, long duration of untreated psychosis (DUP), early age-at-onset in FEP, neurocognitive disorders and traumatic life events.

Objectives: Study the prevalence of NS in patients with drug-naive FEP. Describe the association between NS and gender, age-at-onset in FEP, DUP, premorbid functional level, positive and general psychopathology symptoms, depressive symptoms and childhood traumatic experiences.

Methods: Cross-sectional study. Drug-naive FEP patients from Parc Sanitari Sant Joan de Déu were included. Sociodemographic variables, the Positive and Negative Syndrome Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDS), the Personal and Social Performance scale (PSP) and Childhood Trauma Questionnaire (CTQ) were administered. Following the Marder model we used the equation: Marder Negative = $5.8548 + (1.0209 * \text{SANS score})$, to split the sample into NS group (Marder ≥ 9) and non-NS group (Marder < 9).

Results: A total of 155 patients (65,2% men and 34,8% women) were included. 58,6% of the patients met criteria for NS. PANSS Positive subscale was inversely associated with negative symptoms ($p=0,04$). Only gender, PANSS positive and general psychopathology subscales were found to be associated with negative symptoms using the regression analysis.

Conclusions: The high prevalence of NS in our sample can be due to the low specificity of the used scales. We found an association between NS and PANSS positive subscale, PANSS general psychopathology subscale and gender. Further studies are needed to improve the conceptualization and evaluation of NS.

Conflict of interest: No

Keywords: first-episode psychosis; negative symptoms; drug naive

EPV1336

Cognitive impairment in schizophrenia and its association with personality types

N. Dzaganian^{1*} and N. Makhatadze²

¹European University, Faculty of Medicine, Tbilisi, Georgia and ²Center of mental health and drug addiction, Psychiatry, Tbilisi, Georgia

*Corresponding author.

Introduction: Since the first descriptions of schizophrenia, cognitive dysfunctions have been considered to play a fundamental role in the disorder. Existing data about cognitive endophenotype emphasize the role of age neticcomponent in the pathology and

peculiarity of personality undeservedly not considered in the proper way.

Objectives: The study was designed to assess correlation between cognitive impairment and psychotypes in patients with schizophrenia.

Methods: Personality types were identified by Minnesota Multi-phasic Personality Inventory (MMPI). The severity of cognitive symptoms were evaluated by Clinician Rated Dimensions of Psychosis Symptom Severity(CRDPSS).

Results: We categorized 80 patients (43 men,37 women) with schizophrenia (diagnosed by the DSM-5) on the basis of two leading scales of MMPI profiles. We got 28 psychotypes. In every group of the psychotypes there were subjects with cognitive dysfunctions. The most high index of cognitive dysfunctions (4 scores) had only 6 subjects. In 17 groups of the psychotypes we could not find subjects with cognitive impairments. The most frequent cognitive dysfunctions were in Sc-Pa (leading scales in personality profile – Schizophrenia and Paranoia) group, 14 subjects (53%).

Conclusions: The most frequently cognitive disfunctions are met in schizophrenic patients who belongs to “schizophreno-paranoid” psychotype, in whom schizoid and paranoid personality characteristics dominate.

Conflict of interest: No

Keywords: Cognitive impairment; severity scale; personality profile; schizophrenia

EPV1339

“Geneva’s syndrome: an emerging clinical entity?”

C. Giulia*, S. Othman and S. Michel

HUG, Adult Psychiatrie, thonex, Switzerland

*Corresponding author.

Introduction: In traditional French psychiatry, the concept of “pathological journey” has existed since the twentieth century. It is defined as a sudden and unexpected trip, made by an individual under the influence of a psychiatric disorder. Several syndromes of cities or countries (Jerusalem, Paris, Florence, India, New York and more) have been described.

Objectives: Describe the characteristics of pathological travelers arriving in Geneva and analyze the reasons for this trip.

Methods: After a narrative review of the literature, we conducted a retrospective study on the psychiatric service of the Geneva University Hospital from 2008 to 2018. The keywords “pathological travel” were found in 851 files. Swiss patients, migrants, and duplication of medical records were excluded.

Results: In the past ten years, 239 patients were retained for this diagnosis in the admission units of our clinic. The typical patient is a man (61%), who is single (57%), childless (71%), and European (73%). Most patients traveled alone (96%), arrived to the emergency division accompanied by the police (47%) and were previously receiving psychiatric care (92%). Many hospitalizations were involuntary (49%) mainly due to paranoid delusions (72%). Pathological travelers came to Geneva in search of security (26%), or because of specific claims toward international organizations (13%).

Conclusions: Geneva syndrome is a singular pathological syndrome that essentially concerns patients suffering from psychosis. These patients are attracted to Geneva’s international aura for humans’ rights, wealth and Switzerland’s reputation of being one of the world’s safest country.

Conflict of interest: No

Keywords: pathological journey; psychotic disorder; Geneva syndrome; retrospective study

EPV1342

What specific metacognitive deficits underlie lack of insight in schizophrenia?

J.-D. Lopez-Morinigo^{1*}, V. González Ruiz-Ruano¹, A. Sánchez Escribano-Martínez², S. Sánchez-Alonso², L. Mata-Iturralde², L. Muñoz Lorenzo² and E. Baca-García³

¹Universidad Autónoma de Madrid, Psychiatry, Madrid, Spain;

²Hospital Universitario Fundación Jiménez Díaz, Psychiatry, Madrid, Spain and ³Fundación Jiménez Díaz University Hospital, Psychiatry, Madrid, Spain

*Corresponding author.

Introduction: Insight in schizophrenia spectrum disorders (SSD) is associated with clinical outcomes. Although insight has been linked with metacognition, the association of specific metacognitive domains with insight remains unclear, which may have implications on treatment -metacognitive therapies-.

Objectives: To investigate the association of specific metacognitive domains and insight dimensions in a sample of schizophrenia patients.

Methods: Outpatients with SSD, age 18-64, with an IQ≥70, from Hospital Universitario Fundación Jiménez Díaz (Madrid, Spain) will be recruited over 01/06/2019-31/12/2020 as part of a larger project. Outcome measure: the Schedule for Assessment of Insight. Independent variables: i) jumping to conclusions: Beads Task; ii) cognitive insight: Beck Cognitive Insight Scale; iii) Theory of Mind (ToM): Hinting Task and Emotions Recognition Test Faces. Statistics: Regression analyses.

Results: N=48 subjects were assessed at baseline (n=25 males, age:46.9±10.2years, schizophrenia-F22.0-ICD10-, n=36).

Table 1. Regression analyses on insight scores

	TOTAL INSIGHT				ILLNESS RECOGNITION				SYMPTOMS RELABELING				TREATMENT COMPLIANCE			
	B	SE	p	R ²	B	SE	p	R ²	B	SE	p	R ²	B	SE	p	R ²
Jumping to Conclusions	1.96	5.49	0.13	0.13	2.90	2.67	0.47	0.19	0.75	2.72	0.52	0.05	0.73	1.58	0.53	0.05
Cognitive Insight	7.65	4.70	0.00	0.26	3.62	2.49	0.03	0.13	9.31	2.26	0.00	0.32	1.29	1.56	0.28	0.06
Theory of Mind	0.53	4.76	0.47	0.02	0.24	2.55	0.78	0.01	0.45	2.30	0.63	0.01	0.87	1.57	0.42	0.04
				0.42				0.34				0.40				

Conclusions: Cognitive insight emerged as the main metacognitive domain underlying insight in SSD. Metacognitive therapies targeting cognitive insight may therefore improve insight, although future randomised controlled trials are needed to demonstrate this.

Conflict of interest: No

EPV1343

Influence of aging in cognitive functioning of patients diagnosed with schizophrenia spectrum disorders

P. Malliaris^{1*} and K. Bonotis²

¹General Hospital of Karditsa, Psychiatry, Karditsa, Greece and

²University of Thessaly, Psychiatry, Larisa, Greece

*Corresponding author.

Introduction: Aging is complex, ubiquitous procedure with biological, social and psychological impact on a wide range of areas of human functioning. Cognitive functioning is one of the most important areas influenced by aging, especially considering the effects of cognitive decline, in regards with the constant increase in life expectancy. Research in schizophrenia spectrum disorders reveals a significant effect in cognitive function, in relation with the severity of other psychotic symptoms. The importance of the additive effect of aging is one of the emerging targets of research in schizophrenia. Thus, DSM-V proposed an 8-item measure, CRDPSS (Clinician-Rated Dimensions of Psychosis Symptom Severity), which assesses the severity of eight important symptoms in psychotic disorders, on a 5-point (0-4) scale, including impaired cognition. MoCA cognitive screening test (Montreal Cognitive Assessment), validated in Greek, was used for the classification of cognitive impairment, in comparison with age.

Objectives: The objective of this research is to evaluate the influence of aging on cognitive functioning of patients diagnosed with schizophrenia spectrum disorders.

Methods: 71 Patients diagnosed with schizophrenia spectrum disorders, attended in the Outpatient Department of Psychotic Disorders of University of Thessaly, Greece and its affiliated psychiatric clinics, were evaluated the last 24 months, using the CRDPSS measure and the validated greek version of the MoCA test.

Results: Cognitive status is negatively affected by aging in patients diagnosed with schizophrenia spectrum disorders. This effect is higher as age (>50 years old) increase.

Conclusions: Future research should further highlight the additive effects of aging and psychosis in cognitive function, allowing the implementation of evidence-based strategies of addressing this complex phenomenon.

Conflict of interest: No

Keywords: Cognitive assessment; Clinician-Rated Dimension of Psychosis Symptom Severity; Aging; schizophrenia spectrum disorders

EPV1345

Early access to clozapine in early intervention in psychosis services: hope versus reality. A mixed method service analysis.

N. Nikolic^{1,2*}, R. Whale^{3,4}, K. Hill^{4,5}, E. Campbell⁶ and V. Wickramasinghe⁵

¹NHS England, Early Intervention In Psychosis Programme, Horley, United Kingdom; ²Sussex Partnership NHS Foundation Trust, Early Intervention In Psychosis Service, Worthing, United Kingdom; ³Sussex Partnership NHS Foundation Trust, Early Intervention In Psychosis Service, Hove, United Kingdom; ⁴Brighton and Sussex Medical School, 2. Department of Medical Education, Brighton, United Kingdom; ⁵Sussex Partnership NHS Foundation Trust, Early Intervention In Psychosis Service, Hailsham, United Kingdom and ⁶Sussex Partnership NHS Foundation Trust, Research And Development, Hove, United Kingdom

*Corresponding author.

Introduction: The importance of improving access to clozapine in first episode psychosis (FEP) has been recognised internationally

across Early Intervention in Psychosis Services (EIPS) following established evidence of improved efficacy in treatment resistant (TR) populations. TR may occur from first onset of psychotic illness, and appears characterized by negative symptoms and younger age of onset. Clozapine remains under prescribed.

Objectives: This mixed method cross sectional analysis of antipsychotic prescribing in a UK EIPS, aimed to explore clozapine eligibility (CE) and prioritisation of antipsychotic prescribing based on choice, selectivity and appropriateness.

Methods: We screened 150 service users. 79% (n=119) were retained after excluding those in assessment phase, at risk mental state, already on clozapine or not meeting FEP criteria. We explored CE in all service users who had had trials of at least 2 antipsychotic medications (n=78).

Results: Following multidisciplinary clinical discussions, 23 service users were CE; 8 had been offered and declined clozapine. When compared to non-CE service users, significant factors associated with CE were history of 2 or more hospital admissions (Mann-Whitney U=269, p=0.008), more than 2 trials of 2 different antipsychotics (Mann-Whitney U=517, p<0.01), and younger age at FEP (independent-samples t-test, p=0.047). 47.5% of all service users had been started on olanzapine as their first antipsychotic in FEP, despite a high associated risk of cardiometabolic syndrome.

Conclusions: We propose that EIP services adopt a proactive approach in screening for TR, taking into account negative symptoms and young age at onset, prioritising service users with 2 or more hospital admissions and antipsychotic trials.

Conflict of interest: No

Keywords: early intervention in psychosis; clozapine; First Episode Psychosis; Treatment Resistant Schizophrenia

EPV1351

The efficacy and safety of cariprazine in schizophrenia patients with insufficient effectiveness of previous antipsychotic therapy: a latvian observational study

E. Rancans^{1*}, Á. Barabásky², B. Sebe², I. Skrivele³, Z. Dombi² and G. Németh²

¹Riga Stradins University, Psychiatry And Addiction Disorders, Riga, Latvia; ²Richter Gedeon Plc., Medical Division, Budapest, Hungary and ³Richter Gedeon Plc., Representative Office Of Latvia, Marupe, Latvia
*Corresponding author.

Introduction: Although data regarding the efficacy, tolerability and safety of cariprazine from clinical trials are readily available, real-world data when transitioning from previous antipsychotics is currently missing.

Objectives: This open-label, 16-week, observational study assessed the efficacy and safety of cariprazine in schizophrenia patients in Latvia.

Methods: Adult, outpatients with schizophrenia who previously received a non-effective antipsychotic treatment, experienced side effects, and/or wanted to switch drugs were included and received cariprazine treatment over 16 weeks. Symptom changes were assessed by rating hallucinations, delusions, alogia, affective blunting, avolition, apathy, asociality from 0 to 6 (not observed, minimal, mild, moderate, moderate severe, severe, extreme) and the CGI Improvement (CGI-I) scale. Safety measures included extrapyramidal symptoms (EPS), weight gain and spontaneously reported adverse events.

Results: A total of 116 patients, with an average illness duration of 8 years, coming from 9 different types of antipsychotics received cariprazine treatment for 16 weeks; 82.8% completed the study. Change from baseline to end in symptom control was statistically significant (change from baseline: -7.06, $p < .0001$), with the most significant improvement in negative symptoms, especially avolition (change from baseline: -1.46, $p < .0001$). Improvement on CGI-I was also observed; with “Very much improved” and “Much improved” in 42.2% of patients. Pre-existing EPS and prolactin-related side effects gradually decreased, and no weight changes were observed during treatment. Over 70% of doctors were satisfied with both the efficacy and tolerability profile of cariprazine.

Conclusions: Transition from previous treatment to cariprazine was successful in terms of tolerability and efficacy, especially concerning negative symptoms.

Disclosure: The study was founded by Gedeon Richter Plc. Ágota Barabássi, Barbara Sebe, Zsófia Dombi and György Németh are employees of Gedeon Richter Plc.

Keywords: observational study; schizophrenia; Cariprazine

EPV1354

Personal and social recovery of patients with schizophrenia in the treatment of long-acting antipsychotics

V. Serazetdinova* and N. Petrova

Saint Petersburg State University, Psychiatry, St. Petersburg, Russian Federation

*Corresponding author.

Introduction: The concept of the quality of remission in schizophrenia is based on the concept of personal-social recovery - “recovery”, in terms of improving cognitive, social functioning, without focusing on the full resolution of the symptoms of the disease.

Objectives: A comparative research of the social functions of patients with schizophrenia was carried out, where treatment therapy was long acting antipsychotics of the first and second generation.

Methods: The investigation was conducted for 35 patients with paranoid schizophrenia in remission (F20.01 according to ICD-10). The first group (20 patients) receive paliperidone palmitate. In the second group - 15 patients, haloperidol-decanoate. The assessment was carried out before the start of therapy and after 12 months of therapy. Used scales: PANSS, PSP, CGI-S.

Results: The initial indicators of the first group are 54 ± 7.9 points according to PANSS and 2.45 ± 0.5 points according to CGI, $PSP-71 \pm 5.6$ points.

In the second group, PANSS showed 75 ± 13.8 points, CGI - 2.8 ± 0.4 points, PSP - 62 ± 10.3 . After 12 months, a reassessment was carried out: PANSS 52 ± 13.7 (first group) and 71 ± 13.2 (second group). PSP receiving paliperidone palmitate represents a significant improvement of 80.3 ± 9.7 points for PSP, patients receiving haloperidol decanoate reached 67.1 ± 11.7 points, which reflected a slight improvement in social functioning.

Conclusions: Thus, the indicator of social functioning by PSP during paliperidone palmitate therapy increased by 11%, while in patients receiving haloperidol decanoate, by 6% ($p < 0.05$).

Conflict of interest: No

Keywords: Neurophysiology; schizophrenia; Recovery

EPV1356

Reviewing process of guidelines for severe psychiatric outpatient care in Japan

M. Tanoue^{1*}, M. Hirabayashi² and S. Okubo³

¹Toho University, Makuhari Human Care Department, Chiba City, Japan; ²International Agency for Research on Cancer, Infection And Cancer Epidemiology Group, Lyon, France and ³BMS Yokohama Inc., And Ritsumeikan University, Yokohama, Japan

*Corresponding author.

Introduction: The average length of a stay for a patient in a Japanese psychiatric hospital is 267.7 days. Trying to identify the means to shorten the hospitalization period is crucial. There is a large need for a better support for psychiatric patients who live in the community, as well as their families. This guideline was created in hopes to develop a better support system for severe psychiatric outpatient visits, improve the quality of life (QOL) of patients and families in the community, and to promote recovery.

Objectives: In this study, we aimed to formulate guidelines for severe psychiatric outpatients who live in their community and their families, and present primary results from the evaluation.

Methods: We created a draft of the guideline by examining the contents of pre-existing guidelines and evaluation methods. We selected eight areas, 18 categories, and 96 items to evaluate for “The Care” content. The delphi method was used to evaluate the guidelines. The assessment was conducted as an anonymous survey on the web, measuring the importance, difficulty, and frequency of the care.

Results: 50 professionals participated in our study. 92 items out of 96 of the importance section scored 8.1 points or over, with inter-quartile range (IQR) of 76.0 – 92.0%.

Conclusions: The major difficult areas of care included; family care, specific care to promote strengths, specific care such as suicide and self-harm prevention, and coordination with other sectors. We aim to further revise the guidelines to be used in the severe psychiatric outpatient setting.

Conflict of interest: No

Keywords: care guidelines; community living; severe psychiatric outpatient care; family care

EPV1359

Urban living and psychosis: state of the art and challenges for therapy

L. Abrahamyan Empson* and P. Conus

CHUV, Psychiatry Department, Prilly, Switzerland

*Corresponding author.

Introduction: A growing body of evidence suggests that urban living in high income countries contributes to the development of psychosis.

Objectives: After resuming the state of the art on the matter, we will present the results of a Swiss-based original study with use of mixed methods (video-recorded go alongs, semi-structured interviews and a survey) and outline future prospects for research and therapeutic strategies.

Methods: Literature survey, qualitative and quantitative analysis (original study) and scoping for novel research and therapeutic strategies.

Results: Despite accumulated data, the majority of studies conducted so far failed to explain how specific factors of urban environment combine in daily life to create protective and disruptive milieus. This undermines the translation of a vast epidemiological knowledge into effective urbanistic and therapeutic developments calling for more interdisciplinary and experience based approaches. In our original study we found that development of psychosis influences the way early psychosis patients perceive the city and their capacity to benefit from its assets.

Conclusions: New studies on urbanicity shall bridge knowledge from different disciplines (psychiatry, epidemiology, human geography, urbanism, etc.) in order to enrich research methods and ensure the development of effective treatment and preventive strategies. A set of macrolevel strategies ranging from urban planning to mental health policies can be implemented to mitigate urbanicity effect. Considering the high level of social withdrawal and its detrimental impact on the recovery process, we strongly believe that investing city avoidance and city anhedonia as main targets for individual therapies can help to bounce back after a psychotic outbreak.

Conflict of interest: No

Keywords: urbanicity; experience-based studies; psychosis; Early intervention

EPV1366

Risperidone plasma levels in patients with delusional disorder: the relevance of therapeutic drug monitoring.

A. González-Rodríguez^{1*}, A. Guàrdia Delgado², A. Álvarez Pedrero¹, M. Betriu², N. Sanz¹, S. Acebillo¹, I. Parra³, J.A. Monreal⁴, D. Palao Vidal³ and J. Labad³

¹Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT, Mental Health, Sabadell, Spain; ²Parc Taulí University Hospital, Mental Health, Sabadell, Spain; ³Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT. CIBERSAM, Mental Health, Sabadell, Spain and ⁴Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT, CIBERSAM, Mental Health, Sabadell, Spain

*Corresponding author.

Introduction: Antipsychotic plasma levels have been extensively used for the assessment of poor treatment response, lack of adherence and adverse events in schizophrenia. However, evidence for delusional disorder is sparse.

Objectives: Our main goal was to investigate the relationship between risperidone (R) and 9-hydroxyrisperidone (9-OH-R) plasma concentrations and clinical outcomes in delusional disorder. We also reviewed literature focusing on the use of risperidone plasma levels.

Methods: Case series: Risperidone and 9-OH-risperidone (active metabolite) plasma levels were determined by high-performance liquid chromatography (HPLC). Clinical variables were qualitatively correlated with two plasma ratios: R:9-OH-R concentration ratio (indicating CYP2D6 activity) and the total concentration-to-dose (C:D) ratio (indicating risperidone elimination). Review: A systematic electronic search was performed (PubMed) from inception until September 2019 according to the PRISMA statement. Search terms: "risperidone" OR "9-OH-risperidone" OR "paliperidone" OR "plasma levels" OR "therapeutic drug monitoring" AND "delusional disorder".

Results: Case series: 12 patients (n=8 inpatients; n=4 outpatients) were included. Dose range: 0.5-6mg/day. One in 4 outpatients presented risperidone levels under the detection limit (<2.8 ng/mL) (lack of adherence). All other patients showed R: 9-OH-R <1 (CYP2D6 activity). Four (33%) patients presented a C:D ratio >14 (diminished risperidone elimination) which was associated with poor clinical response (n=2) and antipsychotic-adverse events (n=2). Review: A total of 42 articles were retrieved (n=38 Pubmed, n=4 other sources). Two of them reported determinations of risperidone plasma levels: n=1, poor clinical response; n=1, adverse-events).

Conclusions: Antipsychotic plasma levels may be useful to estimate metabolic drug clearance, and by implication, for the assessment of clinical response and adverse-events.

Disclosure: A Gonzalez-Rodriguez has received registration fees for congresses and travel costs from Janssen Pharmaceuticals, and Lundbeck-Otsuka.

Keywords: drug monitoring; Delusional disorder; psychosis; Antipsychotic plasma levels

EPV1367

Epidemiological approach to the delusional disorder

A. Guermazi*, S. Omri, N. Smaoui, R. Feki, M. Maalej Bouali, N. Charfi, L. Zouari, J. Ben Thabet and M. Maalej

Hedi Chaker University Hospital, Psychiatry C Department, Sfax, Tunisia

*Corresponding author.

Introduction: Delusional disorder (DD) is considered to be rare. It does not seem to be properly diagnosed at the beginning and this may lead to dramatic consequences.

Objectives: To make an epidemiological approach to delusional disorder and to describe its evolution.

Methods: We lead a retrospective descriptive study, involving 30 male patients suffering from DD (according to DSM 5) who were hospitalized in the psychiatry Department of Hedi Chaker University Hospital in Sfax (Tunisia), between January 2009 and December 2018. Data were collected from medical records.

Results: DD constituted 1.3% of all admission. The mean age was 45.6 years. Patients were unemployed in 43.3% of cases. Nineteen patients (63.3%) were university educated. Family history of schizophrenia and DD were found in respectively 16.7% and 13.3% of cases. The mean age of onset of the DD was 36 years. The main initial diagnoses were schizophrenia (54.5%) and depressive disorder (36.4%). The average delay to establish the correct diagnosis was about seven years after the first psychiatric examination. The main delusion themes were: mixed (43.3%), persecution (40%) and jealousy (6.7%). A comorbid paranoiac personality was diagnosed among 75% of our cases. Antipsychotics had been prescribed for all patients and they were long-acting neuroleptic for 23.3% of cases. Evolution has been characterized by erratic follow-up (73.3%), major depressive episodes (44.8%) and commission of criminal offenses (40%).

Conclusions: Our study highlighted the diagnostic difficulties of DD which may remain unrecognized and untreated for many years.

Conflict of interest: No

Keywords: Delusional disorder; epidemiological approach; evolution

EPV1368

Schizencephaly associated with psychosis: a tunisian case report

J. Hamdoun*, A. Ben Hamadi, H. Ben Ammar, E. Khelifa, A. Aissa and E.H. Zouhaier

Razi hospital, Psychiatry F, Manouba, Tunisia

*Corresponding author.

Introduction: Schizencephaly is a rare congenital neurodevelopmental disorder resulting in the formation of abnormal clefts in the cerebral hemispheres. The major symptoms may include developmental delay, seizures and cognitive impairment.

Objectives: To present a case report of a Tunisian patient who presented a first-episode psychosis associated with schizencephaly and to compare it with the six other cases found in the literature.

Methods: A literature search was conducted using PUBMED searching for case reports studies reporting cases of schizencephaly associated with psychosis.

Results: A 23-year-old lyceum-educated Tunisian male patient who was referred to the F psychiatric ward of Razi Hospital by a general practitioner after his parents expressed concerns regarding his mental state. The patient had previously presented a specific learning disorder and had focal epileptic seizures at an early age. His physical examination revealed nystagmus, and his mental state examination revealed irritability, inflated self-esteem, racing thoughts, loosening of associations, interpretive and imaginative delirium. There was no family history of mental illness. Abnormal EEG findings (slow theta waves predominating in the right parietal temporal regions, accentuated at the hyperpnea) called for magnetic resonance imaging, which revealed unilateral parietal closed-lip schizencephaly. The patient has responded partially to the association of Olanzapine and Sodium Valproate.

Conclusions: Although schizencephaly seems to be rare, this clinical case highlights the importance of anamnesis, a detailed clinical examination and additional examinations when psychiatric symptoms appear.

Conflict of interest: No

Keywords: Schizencephaly; psychosis

EPV1369

Factors influencing the duration of untreated psychosis in a tunisian sample

J. Hamdoun*, A. Ben Hamadi, H. Ben Ammar, E. Khelifa, A. Aissa and E.H. Zouhaier

Razi hospital, Psychiatry F, Manouba, Tunisia

*Corresponding author.

Introduction: Schizophrenia is a significantly disabling psychotic disorder. While in recent years, several studies have been conducted to assess the consequences of a long “duration of untreated psychosis” (DUP), which appears to be associated with poorer early course and long term outcomes, only a few have focused on the search for predictive factors of a long DUP.

Objectives: This study aims to explore the Clinical and social determinants of DUP in a sample of Tunisian patients with a diagnosis of schizophrenia spectrum disorder.

Methods: 100 patients with a diagnosis of schizophrenia spectrum disorder were identified from patients hospitalized from March 2018

to March 2019 in “F” psychiatric ward of Razi hospital. We obtained data relating to socio-demographic and clinical variables and to DUP from medical files. A DUP of more than 12 months has been defined as long. SPSS and Khi-2 tests were used to analyze data.

Results: The mean age of illness onset was 24.28 years. The mean duration of untreated psychosis was 28 months (range 6-240 months). An onset of psychiatric disorders involving delusional speech ($p=0,053$) or psychomotor arousal ($p=0.047$) was significantly associated with a short DUP. However, the onset of disorders made of bizarre behavior was correlated with a longer DUP ($p=0,047$). There was no significant association between DUP and age of patients, age of onset, sex, educational attainment, family history of psychiatric disorder, personal history of substance abuse.

Conclusions: The study highlights the importance of implementing awareness and information mental health campaigns to the general public and the need for early therapeutic intervention.

Conflict of interest: No

Keywords: Duration of Untreated Psychosis; predictive factors

EPV1370

Psychosis or dementia? difficulties in mental health diagnosis

L. Lopes^{1*} and O. Nombora²

¹Centro Hospitalar de Vila Nova de Gaia/Espinho, Serviço De Psiquiatria, Vila Nova de Gaia, Portugal and ²Centro Hospitalar Vila Nova de Gaia/Espinho, Serviço De Psiquiatria, Vila Nova de Gaia, Portugal

*Corresponding author.

Introduction: Dementia is often associated with neuropsychiatric symptoms, such as psychosis. Still, the implication of psychotic symptoms in advanced age, as very late-onset schizophrenia-like psychosis or as prodromal to dementia, and their treatment, remain a debated subject.

Objectives: We aimed to review the literature and discuss psychotic symptoms in late life, focussing the diagnostic challenges and existing treatment recommendations.

Methods: A non-systematic literature review was conducted by searching the terms “psychotic disorders”, “dementia”, “dementia with psychosis” and “very late-onset schizophrenia-like psychosis” using Pubmed/MEDLINE Database. The research was limited to articles published in the last 5 years.

Results: Psychotic symptoms seem to be common in older adults, resulting from several risk factors such as sensory deficits, social isolation and cognitive decline. Some studies understand the emergence of psychotic symptoms as prodromal to dementia, carrying a negative impact on its clinical course in terms of mortality and conversion to dementia. Psychotic symptoms are also frequently associated with established dementia, which seems to be related to greater cortical synaptic impairments. Psychosis in dementia is associated with a more rapid cognitive decline and overall worse outcomes. In terms of treatment, there is strongest evidence for the use of non-pharmacologic approaches, given the mortality risks associated with antipsychotics. Yet, growing evidence favors the use atypical antipsychotics or medications outside the antipsychotic class.

Conclusions: There is a need to better understand the diagnosis of psychosis in late life. Although psychotic disorders are common in older adults, there is low availability of evidence-based treatments.

Conflict of interest: No

Keywords: psychosis; dementia; treatment; very late-onset psychosis

EPV1371

Development of an early intervention in psychosis program in madrid (spain)

I.I. Louzao-Rojas^{1*}, A. Muñoz-Sanjose², M.F. Bravo-Ortiz³, P. Sánchez¹, R. Mediavilla³, P. Rojano¹, L. Gotor¹ and V. Rivelles¹

¹La Paz University Hospital., Department of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain; ²La Paz University Hospital Institute for Health Research (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain and ³La Paz University Hospital Research Health Institute (IdiPAZ), Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain

*Corresponding author.

Introduction: Attention in the early stages of psychosis has become more important in recent years. It is estimated that there are about 6-20 new cases of psychosis per 100,000 inhabitants. Psychosis spends not only about 8 billion euros a year to our health system but also an incalculable emotional cost.

Objectives: To develop an early intervention in psychosis program

Methods: Our Early Intervention Program in psychosis is dependent on the University Hospital La Paz, but focused on community care of patients with early stages of psychosis (people with a first psychotic episode between 16 and 40 years old) and their families. The program is included in the serious mental disorder case management program.

Results: The program focuses on the community's attention to the individual with psychosis experience and his family, coordinated by a social worker, and with the figure of the extra-hospital psychiatrist as a responsible reference for the patient. Thus, a path of several evaluations and interventions has been designed, individualizing the attention according to the needs of each subject. A series of transversal resources of individual, group and family interventions has been established. The program also addresses the different comorbidities (such as addictions) and psychosocial and occupational rehabilitation. Objectives were also set regarding health education, case detection and clinical research.

Conclusions: Early intervention in psychosis is becoming increasingly important in our environment, and should be offered in each mental health unit, given the improvement in the quality of life of people served. Moreover, this kind of programs will help to conduct further research.

Conflict of interest: No

Keywords: Early intervention; prodrome; psychosis; schizophrenia

EPV1372

The relationship between neurocognition, social cognition and functional capacity in patients with first-episode schizophrenia

R. Rodriguez-Jimenez^{1,2*}, I. Martinez-Gras¹, J.M. Espejo-Saavedra Roca¹, L. Sanchez Pastor¹, M. Dompablo^{1,2}, P. Fernandez Sotos^{1,2,3}, P. Fernandez Cancer¹, A. Garcia Lopez¹ and N. Fares-Otero¹

¹Department of Psychiatry, Instituto De Investigación Sanitaria Hospital12 De Octubre (imas12), Madrid, Spain; ²CIBERSAM, (biomedical Research Networking CentreIn Mental Health), Madrid,

Spain and ³Complejo Hospitalario Universitario de Albacete, Servicio De Salud Mental, Albacete, Spain

*Corresponding author.

Introduction: It is well known that besides cognitive impairments, individuals with psychotic disorders experience deficits in their functional capacity. Indeed, the recovery of the functional capacity is one of the most important aims in the treatment of patients with First-Episode Schizophrenia (FESz). As far as we know, this is the first study in Spain assessing the relationship between Neurocognition and Social Cognition using the MATRICS Consensus Cognitive Battery (MCCB) and Functional Capacity using The Brief International Functional Capacity Assessment (BIFCA), a novel instrument developed by the MATRICS Assessment Initiative, in patients with FESz.

Objectives: To study the relationship between Neurocognition, Social Cognition and Functional Capacity in patients with FESz.

Methods: Twenty-eight patients with FESz (Mean age = 25.2, SD = 5.3 years old; Male = 78.6%) were recruited from an ongoing First Episode Psychotic Program at the Department of Psychiatry, Hospital 12 de Octubre, Madrid. The Neurocognition and Social Cognition were assessed with the MCCB and the Functional Capacity was assessed with the BIFCA battery.

Results: Preliminary results showed a positive correlation between the MCCB's Overall Composite score and the BIFCA's Functional Capacity score ($r = .432$, $p = .031$), only explained by the Neurocognitive score ($r = .529$, $p = .004$) but not by the Social Cognition score ($r = .110$, $p = .600$) in patients with FESz.

Conclusions: Cognition and Functional Capacity seem to be directly related in patients with FESz, with regard to Neurocognition but not to Social Cognition.

Conflict of interest: No

Keywords: Neurocognition; Social Cognition; Functional Capacity; Schizophrenia

EPV1373

Social cognition and neurocognition using the matrices consensus cognitive battery in patients with first-episode schizophrenia: relationship with insight

R. Rodriguez-Jimenez^{1,2*}, M. Caballero-Gonzalez^{1,2}, I. Torio^{1,2}, E. Sánchez-Morla^{1,2}, D. Rentero Martin^{1,2}, M. Dompablo^{1,2}, A. Garcia Lopez¹, P. Fernandez Sotos^{1,2,3}, P. Fernandez Cancer¹ and N. Fares-Otero¹

¹Department of Psychiatry, Instituto De Investigación Sanitaria Hospital12 De Octubre (imas12), Madrid, Spain; ²CIBERSAM, (biomedical Research Networking CentreIn Mental Health), Madrid, Spain and ³Complejo Hospitalario Universitario de Albacete, Servicio De Salud Mental, Albacete, Spain

*Corresponding author.

Introduction: Insight or awareness of illness is one of the most important predictors of future outcomes in patients with First-Episode Schizophrenia (FESz). The relationship between cognition and insight has been well established. However, the potential associations of social cognition and neurocognition with insight have been less characterized and reported, especially in patients with FESz.

Objectives: To study the relationship between social cognition, neurocognition and insight in a sample of patients with FESz.

Methods: Twenty-four patients with FESz (Mean age = 25.9, SD = 5.6 years old, Males = 75%) recruited from an ongoing First-Episode Psychotic Program at the Department of Psychiatry, Hospital 12 de Octubre Madrid, participated in this study. The Social Cognition and Neurocognition were assessed using the MATRICS Consensus Cognitive Battery (MCCB). The Insight was measured using The Scale to Assess Unawareness of Mental Disorder (SUMD).

Results: Preliminary results showed correlations between the MCCB Overall Composite score and Insight scores (SUMD1: $r = -.505$, $p = .020$; SUMD2: $r = -.447$, $p = .042$; SUMD3: $r = -.494$, $p = .023$) based only on the Social Cognition scores (SUMD1: $r = -.415$, $p = .061$; SUMD2: $r = -.492$, $p = .023$; SUMD3: $r = -.557$, $p = .009$), but not on the Neurocognition scores.

Conclusions: There is a relationship between cognitive function and insight in patients with FESz, in which insight is related to social cognition, but not to neurocognition.

Conflict of interest: No

Keywords: Insight; Neurocognition; Social Cognition; Schizophrenia

Sexual medicine and mental health

EPV1377

The role of sexual behaviour in the assessment of female sexual function among tunisian medical trainees: an exploratory study

Z. Bouzaabia^{1*}, M. Regaya¹, A. Souilem², A. Mtiraoui², Y. Elkissi² and S. Ben Nasr¹

¹University of Sousse, Faculty of medicine, Farhat Hached Hospital, Psychiatry Department, Lr12es04, SOUSSE, Tunisia and ²University of Sousse, Faculty of medicine, Farhat Hached Hospital. Tunisian society of clinical sexology, Psychiatry Department, Lr12es04, SOUSSE, Tunisia

*Corresponding author.

Introduction: Medical trainees represent a young population in which sexual dysfunction should be rare. However, sociocultural differences in the sexual behaviour are important to consider in the assessment sexual health.

Objectives: The aim of this study was to determine the prevalence and factors associated with sexual dysfunction among female medical trainees.

Methods: We conducted an exploratory study among Tunisian medical trainees. Participants were recruited using a convenience sampling by means of medical trainees' networks. Socio-demographic and sexual features were collected. The sexual function was assessed on female sexual function index (FSFI) scale.

Results: A total of 110 female medical trainees were recruited. The median age was 28 (27; 31) years. The mean age of the first sexual activity was 22.6 ± 3.05 years. Thirty five (31.8%) were married and 78 (70.9%) had a unique sexual partner. Among our participants, 64 (58.2%) had a sexual activity during the last month. The prevalence of sexual dysfunction was 45.7%. Sexual desire (Median score = 4.2 (3.6 ; 4.8)) was the most impaired area, followed by orgasm (Median score = 4.4 (2.8 ; 5.2)). A sexual dysfunction was significantly associated with the marital status ($p=0.001$), partners' number ($p=0.001$) and the frequency of sexual activity ($p < 10^{-3}$).

Conclusions: Based on our findings, the sexual behaviour is important to consider for the assessment of the female sexual function among doctors in training. All these features deserve further study in order to introduce necessary preventive measures.

Conflict of interest: No

Keywords: Female sexual dysfunction; sexual health; Female medical trainees; FSFI

EPV1378

Cannabis use and sexual experience: a paraplegic patient perspective

E. Fernandes^{1*}, L. Castanheira¹, M.J. Gonçalves¹, F. Alves² and D. Telles-Correia³

¹Centro Hospitalar Universitário Lisboa Norte, Serviço De Psiquiatria E Saúde Mental, Lisboa, Portugal; ²Unidade Local do Alto Minho- EPE, Departamento De Psiquiatria E Saúde Mental De Viana Do Castelo- Portugal, Viana do Castelo, Portugal and ³University of Lisbon, Centro Hospitalar Psiquiátrico De Lisboa, Lisbon, Portugal

*Corresponding author.

Introduction: Cannabis has a reputation for enhancing sexual function. Several surveys in the 1970s found that both men and women reported that using cannabis enhanced their sexual experience (Dawley HH, 1979).

Objectives: To present a non systematic review on cannabis use as a sexual performance enhancer; to report a case about a paraplegic patient, diagnosed with cannabis induced psychosis.

Methods: Brief review of the english literature published using the Pubmed® database. Key-words: "cannabis and sexual health"; "cannabis and sexual performance enhancement"; "cannabis use and sexual function". Articles were selected based on the content of the abstract and its relevance. For the case report, information was provided by the patient and clinical records.

Results: We report a case of a 41 years old man, paraplegic after a motorcycle accident, with no previous psychiatric history, that goes to the emergency service reporting auditory alucinations, persecutory delusional ideation and self delusional reference after starting to smoke cannabinoids in an effort to enhance his sexual performance. He refers increased libido and increased tactile sensitivity with cannabinoids use, resulting in enhanced sexual pleasure and satisfaction.

Conclusions: There are various hypotheses for why people report cannabis-related enhancement of sexual experiences including the effect of cannabis on heightened perceptions, time distortion, relaxation, and decreased inhibition. However, in recent studies there appears to be more conflict among the results in this research area. Men report both facilitatory and incapacitating effects of their cannabis use. Specifically for paraplegic patients, few relevant studies could be found in our research.

Conflict of interest: No

Keywords: cannabis; sexuality; sexual function; paraplegia

EPV1381

Physical health and safety issues in patients with chronic antipsychotic-related hyperprolactinemia.

Á. Montejo^{1*}, J. Acosta², N. Prieto³, T. Martin-Pinto³, M.T. Gallego³, S. Sanchez-Iglesias³, B. Bote³, M. Notario³ and B. Buch²

¹University of Salamanca, Psychiatry Euef, Salamanca, Spain; ²IBSAL, Neurosciences, Salamanca, Spain and ³Hospital Universitario, Psychiatry, Salamanca, Spain

*Corresponding author.

Introduction: Antipsychotic-related hyperprolactinemia (HPRL) is frequently associated with physical health issues and sexual dysfunction but unfortunately underreported.

Objectives: To evaluate the association of treatment with different antipsychotics and chronic Iatrogenic hyperprolactinemia on patient's physical health, safety and sexual dysfunction.

Methods: Cross-sectional descriptive and observational study. Lab samples, physical measures, UKU Scale, PRSexDQ_SALSEX to measure sexual dysfunction and blood prolactin levels were obtained after two years of treatment. Fifty patients (62% men) aged 45.84 ± 10.85 years in treatment with antipsychotics (aripiprazole, olanzapine, paliperidone and risperidone) were recruited. Fifty-six percent (n=28) showed normal prolactin levels < 20 ng/ml, 30% (n = 15) mild hyperprolactinemia (PRL level 50-100 ng/ml) and 14% (n=7) severe hiperprolactinemia (PRL levels >100 ng/ml).

Results: Patients without HPRL (aripiprazole 80%) showed somnolence (70.4%), asthenia (60.7%), difficulty in concentration (57.1%), and weight gain (25%) while patients with HPRL (paliperidone and risperidone) showed asthenia (72.7%) restlessness (59%) and weight gain (59%). There were significant differences in lower values of FSH (p-value = 0.004), LH (p-value <0.001) and testosterone (p-value <0.001) in the hyperprolactinemic group. Two patients showed amenorrhea in the HPRL group (0 with normal PRL). Patients with HPRL, 81% showed decreased sexual desire (21.4% with normal PRL), 36% erectile dysfunction (21.4% with normal PRL), 45% orgasmic dysfunction (14% with normal PRL) and 22.7% of females showed vaginal lubrication dysfunction (0% with normal PRL). Low values of testosterone correlated with sexual arousal problems (p-value = 0.027).

Conclusions: There was a relationship between HPRL and some physical symptoms, weight increase and sexual dysfunction.

Disclosure: Financial support obtained with a grant from the Health Services of Junta de Castilla y León. Spain GRS1602/A/17

Keywords: adverse effects; physical safety; antipsychotic; Hyperprolactinemia

EPV1382

Is taking a sexual history still a taboo: a cross sectional study.

S. Radauš^{1*}, M. Kirigin² and G. Arbanas³

¹General Hospital Karlovac, Department of Psychiatry, Karlovac, Croatia; ²General Hospital Dubrovnik, Department of Psychiatry, Dubrovnik, Croatia and ³University Psychiatric Hospital Vrapče, Department For Forensic Psychiatry, Zagreb, Croatia

*Corresponding author.

Introduction: Sexual functioning is of special importance in an assesment of the mental status. Psychiatrists, while exceptionally skilled in making general clinical assessments and in eliciting psychopathology during the psychiatric interview, appear not to be nearly as relaxed nor confident in their ability to respond to sexual complaints.

Objectives: This cross-sectional study was designed to determine the prevalence of sexual data gathered by psychiatrists during their assessment of patients at hospital admission.

Methods: We reviewed medical histories from 202 patients hospitalized in our acute inpatient unit over a period of 6 months. Our study variables were diagnosis, age, gender, marital status, and psychopharmacotherapy.

Results: Our results revealed that assessment of sexual functioning was omitted in all medical history examinations. Only in one case of male patient, sexual side effects of neuroleptic medication were mentioned, but the patient was not questioned about them.

Conclusions: As sexual history taking was omitted in all 202 patients, establishing links with the variables represented in this study was impossible. Our results lead us to theorize that in addition to being often overlooked in clinical assesments, sexual complaints may be considered of secondary importance in the acutely ill population. To expand the scale of this research it will be necessary to determine the prevalence of sexual data gathering in outpatient and day care units, as well as survey psychiatrists to capture the interpersonal dimension of taking a sexual history.

Conflict of interest: No

Keywords: sexual history; acute inpatient unit; Psychiatry; Sexual Medicine

EPV1383

Sexual assault related post traumatic stress disorder: a profile overview

J. Rema*, M. Lemos, J. Jerónimo, T. Cavaco, C. Silva, T. Queirós and M. Croca

Centro Hospitalar Universitário Lisboa Norte, Serviço De Psiquiatria E Saúde Mental, Lisboa, Portugal

*Corresponding author.

Introduction: Rape trauma is particularly traumatic when compared to other forms of trauma. PTSD is one of the most frequent mental disorders found in assault victims. The lifetime prevalence of sexual-assault-related PTSD (SAR-PTSD) can be as high as 50% among victims and its profile has been under recent study.

Objectives: We aim to present the main characteristics of SAR-PTSD, including differences between gender, severity of symptoms and comorbid disorders.

Methods: A selective literature review was conducted using the PubMed and ResearchGate databases, using combinations of the following keywords: "sexual assault", "rape", "PTSD" and "sexual related PTSD".

Results: Sex and gender: The majority of the victims are women while the perpetrators are usually male. Sexual assault predicts SAR-PTSD for both genders. Women have a higher risk of developing SAR-PTSD than men, but men are generally less likely to disclose being raped. Symptoms Severity: Factors like completed rape, physical injury and life threat interact synergistically in predicting SAR-PTSD risk. Less education, greater perceived life threat, and receipt of more negative social reactions (stigma) upon disclosing assault were related to greater symptom severity. Perceived control over trauma recovery is related to fewer SAR-PTSD symptoms. Comorbid Findings: Patients with SAR-PTSD are at greater risk of developing a comorbid substance use disorder and show higher symptom severity and poorer treatment outcomes compared to patients with either disorder alone.

Conclusions: The distressingly high rate of SAR-PTSD in survivors of sexual assault is a clear indication for further support to these

patients. Future studies with sexual assault male victims are a pressing necessity.

Conflict of interest: No

Keywords: sexual related PTSD; PTSD; sexual assault

EPV1385

Talking about tourette - a clinical case with fetishistic disorder

C. Fragoeiro*, B. Almeida, C. Machado and P. Ferreira
Hospital de Magalhães Lemos, Psychiatry, Porto, Portugal
*Corresponding author.

Introduction: Tourette Syndrome (TS) is a chronic disorder characterized by tics. The Diagnostic and Statistical Manual of Mental Disorders lists the most used criteria, and focuses on these motor and vocal phenomena. However, patients may have other associated features or comorbidities: impulsivity, depression, anxiety, obsessive-compulsive disorder, attention-deficit hyperactivity disorder, among others. We present the case of a patient who was hospitalised for two weeks and explore his psychopathology.

Objectives: Discuss the psychopathology and comorbidities of TS through the analysis of a clinical case.

Methods: Description of the case and literature review using Pubmed.

Results: We present the case of a 34-year-old male who was admitted at our Acute Inpatient Ward due to depressive symptoms along with anxiety, suicidal ideation and hetero-aggressive outbursts. He had been diagnosed in infancy with Tourette syndrome, but in adulthood had poor treatment and follow-up adherence. Exploration of the history led to an understanding of the development of depressive symptoms, and other problems were gradually unearthed as well. His tics were predominantly motor, and was impulsive in his actions, being unable to keep up a regular job. He also had a fetishistic disorder: he had no sexual encounters with women, deriving sexual excitement and pleasure from the observation, recording (through photographs) and cataloguing of women’s nails. This was a growing encumbrance in the family and in the patient’s life, leading to discordance.

Conclusions: Tourette is a neuropsychiatric syndrome that encompasses more than just tics. Being able to understand the various shades of this disorder is useful to adequately help these patients.

Conflict of interest: No

Keywords: Neuropsychiatry; Tourette; SexualMedicine; Paraphilia

EPV1386

Factors having a role in help-seeking behavior among patients with sexual dysfunctions attending the psychiatry outpatient department in a tertiary care hospital of Bangladesh

P. Acharjee^{1*} and M.S.I. Mullick²

¹Chittagong Medical College, Dept. Of Psychiatry, Chittagong, Bangladesh and ²Bangabandhu Sheikh Mujib Medical University, Dept. Of Psychiatry, Dhaka, Bangladesh

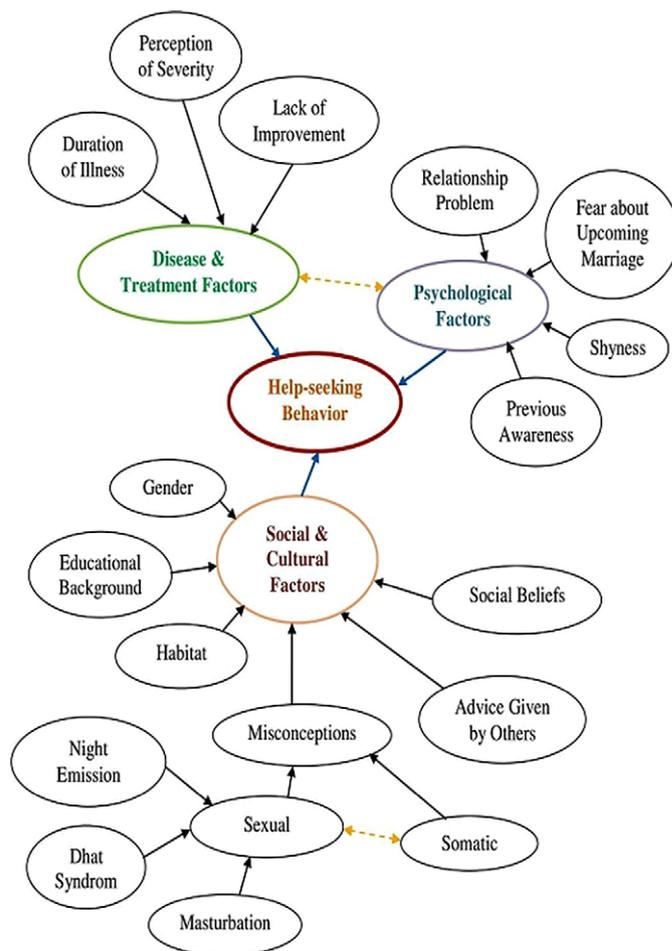
*Corresponding author.

Introduction: Help-seeking for sexual dysfunctions relies on various factors. But, there is a scarcity of evidence.

Objectives: To identify the factors having a role on help-seeking behavior among patients with sexual dysfunctions in the context of a developing country.

Methods: This cross-sectional, qualitative study was done using purposeful sampling among the patients of sexual dysfunctions attending the psychiatry outpatient Department of Bangabandhu Sheikh Mujib Medical University (BSMMU). Based on data saturation, 18 in-depth interviews (IDI), 2 key informant interviews (KII) and 1 focus group discussion (FGD) with 4 participants were performed after taking proper consent. Interviews were audio-recorded, then transcribed and analyzed manually using the thematic analysis method. Deviant cases were critically explored and explained in a separate theme.

Results: Most participants were male, 20-35 years of age, literate and urban. Premature ejaculation and female sexual interest/arousal disorder were the most common. The identified factors were classified into 3 major classes- disease and treatment factors, psychological factors, and social and cultural factors. Perception of severity impelled in early help-seeking, while the duration of illness and lack of improvement led to seeking help from various sources. Educational background, habitat, gender, social beliefs, advice given by others, fear of upcoming marriage and relationship problems were also found as important factors. Previous awareness and sexual misconceptions among the participants and their advisors played a pivotal role. Figure 1: The factors having role on help-seeking behavior



Conclusions: This study will help to develop a service delivery system for sexual dysfunctions patients in the context of a developing country.

Conflict of interest: No

Keywords: Help-seeking; Sexual dysfunctions; Bangladesh

EPV1388

Impact of laparoscopic promontofixation for pelvic organ prolapse on sexuality and quality of life

J. Mannai^{1*}, R. Majdoub¹, I. Romdhani¹, S. Naouar² and M. Khribi²

¹CHU IBEN EL JAZZAR, Psuchiatry, kairouan, Tunisia and ²CHU Iben EL Jazzar, Urology, Kairouan, Tunisia

*Corresponding author.

Introduction: Pelvic organ prolapse represents a public health problem due to its high prevalence from 2,9 to 11,4 % (Lousquy and., 2009). The laparoscopic promontofixation has become since few years a gold standard treatment for pelvic organ prolapse in the population of young active women (Coksuer and al.2011). Few are the studies that showed the short and long term impact of this treatment on both sexuality and quality life.

Objectives: To evaluate the impact of laparoscopic promontofixation on sexuality and healthrelated quality of life and sexuality

Methods: A study was carried out including 30 women presented with at least stage 2 pelvic organ prolapse (Baden and Walker) who underwent laparoscopic promontofixation. Sexual function and health-related quality of life were evaluated using the Pelvic Incontinence Sexual Questionnaire (PISQ-12) and the Pelvic Floor Impact Questionnaire (PFIQ-7), respectively.

Results: The patients' mean age was 58.1 ± 7.2 years. The anatomical success rate (stage 0 or 1) was 100% at 3 months and at the moment of the study with a mean follow-up of 37 months (36—48 months). PISQ-12 and PFIQ-7 scores were significantly improved at the moment of the study ($P < 0.001$ and $P = 0.001$, respectively)

Conclusions: Laparoscopic promontofixation improves sexuality and quality of life at short and medium terms.

Conflict of interest: No

Keywords: Prolapse; Promontofixation

EPV1390

Gender identity of patients with mental disorders

T. Piskareva

Mental Health Research Center, Medical Psychology, Moscow, Russian Federation

Introduction: Not only gender identity disorder is often accompanied by mental illnesses, but vice versa: there are higher rates of homosexuality and cross-sexual behavior in people with mental illnesses compared to general population. Understudied is the question how gender identity depends on certain diseases and pathological features?

Objectives: This study seeks to address how gender identity is affected in patients with mental illnesses.

Methods: The sample consisted of 80 patients, 44 women and 36 men with aged 16-29 with schizotypal disorder, histrionic personality disorder and schizoid personality disorder. Their gender self-identity matched biological sex. The structure of gender identity was measured by adapted version of Bem Sex-Role Inventory, projective drawings.

Results: Almost half (46,1%) of schizotypic patients demonstrated opposite gender identity according to projective drawings. That highly correlated with results of Bem inventory ($r=0,658$; $sig=,001$). They had higher anxiety ($\chi^2=8,234$; $df=2$; $p=,004$) and more sexual problems ($\chi^2=5,733$; $df=2$; $p=,033$), than such patients whose projected gender identity matched their biological sex. In addition, an undifferentiated type of identity associated with extreme disadaptation was detected in 23% of these patients. Inverted gender identity was rarely met among patients with personality disorders. Most of them (65,7%) had accordingly masculine and feminine types. Although androgenic gender identity was found only in 15,5% cases whereas in general population it rates circa 80% and is connected to higher adaptation potential.

Conclusions: This study demonstrates how gender identity is transformed in mental illnesses and is connected to general psychological problems, such as anxiety, sexual problems, disadaptation.

Conflict of interest: No

Keywords: gender identity; schizotypal disorder; personality disorder

EPV1395

Hypoactive sexual desire disorder in review: from a gender non-specific disorder to a gender-specific one

J. Martins Correia* and S. Caetano

Hospital Sousa Martins - Unidade Local de Saúde da Guarda, Departamento De Psiquiatria E Saúde Mental, Guarda, Portugal

*Corresponding author.

Introduction: Male hypoactive sexual desire disorder (MHSDD), part of a cluster of other sexual dysfunction diagnoses and emerged as a reformulated entity in the DSM-5, is defined as a persistent or recurrent deficiency of sexual thoughts or fantasies and desire for sexual activity that causes either significant distress or interpersonal difficulty.

Objectives: To review the state of knowledge about MHSDD.

Methods: A non-systematized review of the literature was performed.

Results: MHSDD is associated with changes in quality of life measures, with a particular number of those affected experiencing some psychiatric comorbid conditions like mood or anxiety problems. Although estimated as a common problem it is difficult, as a frequently undiagnosed condition, to define with more accuracy its prevalence rates.

Conclusions: MHSDD presents as a complex clinical entity that should require a careful evaluation where often multiple possible explanations need to be explored. Treatment for low sexual desire in men should be etiologically oriented and its comorbid conditions should also be addressed.

Conflict of interest: No

Keywords: male hypoactive sexual desire disorder; Sexual Medicine; male sexual dysfunction

Sleep disorders & stress

EPV1402

Neuropsychiatric diseases among people working in call center

F. Etindele Sosso

Hôpital du Sacré-Coeur de Montréal; Université du Québec à Montréal; Center for Advanced Research In Sleep Medicine; Institut Santé Et Société; Quebec Network On Suicide, Mood Disorders And Related Disorders, Montréal, Canada

Introduction: This paper document mental health of employees working in the customer service, where advisors experimented several stressing conditions due to competitive objective requested by employers.

Objectives: Document presence of neuropsychiatric diseases among customer service advisors

Methods: Difference in neuropsychiatric diseases for male/female and part-time/full time workers were assessed with unpaired sample t-tests and linear regression

Results:

Table 1: Profile of people working in customer service in Canada

	Men	Women
Number(n,%)	590(49,17%)	610(50,83%)
Mean age±SD	26±4	21±2
Education/degree(%) *Secondary/high school *Undergraduate studies *Master's *PhD, Postdoctorate, MBA, etc...	280(47,45%) 286 (48,47%) 24(4,07%) 0	308(50,5%) 289 (47,37%) 13(2,13%) 0
Part-time workers -20h/week to 29h/week- (n,%)	30(5,08%)	62(10,16%)
Full time workers -30h/week to 40h/week- (n,%)	560(94,82%)	548(89,84%)
Marital Status (n,%) *Single *Divorced *Married	420(71,18%) 36(6,1%) 134 (22,71%)	560(91,8%) 12(1,97%) 38(6,23%)
Citizenship *Canadian *International students (with permit of study and permit of work) *Immigrants (permanent resident, refugees)	260(44,07%) 180 (30,51%) 150 (25,42%)	318(52,13%) 84(13,77%) 208(34,1%)

Table 2: Neuropsychiatric diseases among customer service employees

Neuropsychiatric diseases(tests/questionnaires)	Men		Women	
	Full time workers	Part-time workers	Full time workers	Part-time workers
Insomnia (Insomnia Severity Index)	17/28	12/28	16/28	14/28
Sleepiness (Epworth Sleepiness Scale)	9/24	5/24	9/24	6/24
Anxiety (Hopital Anxiety and Depression Scale-A)	12/20	9/20	11/20	9/20
Depression (Hopital Anxiety and Depression Scale-B)	10/20	10/20	9/20	9/20

Conclusions: The present study alerts on the potential effect of working full time in a call center as a risk factor for neuropsychiatric illnesses. Customer service employees are exposed to a continuous stimulation of their cognitive functions in addition to different stressors which can progressively and silently damage the nervous system.

Conflict of interest: No

Keywords: Insomnia; sleepiness; Anxiety; Dépression

EPV1403

Assessing cognitive behavioral therapy for insomnia in individuals with cannabis use disorder utilizing actigraphy and serum biomarkers

L. Geagea^{1*}, H. Tamim², M. Elbejjani², M. Chebaro¹, F. Kobeissy³, P. Nakhle¹ and F. Talih¹

¹American University of beirut, Psychiatry, beirut, Lebanon;

²American University of beirut, Internal Medicine, beirut, Lebanon and ³American University of beirut, Biochemistry, beirut, Lebanon

*Corresponding author.

Introduction: There exists a bidirectional relationship between substance use and sleep disorders. Studies have shown an association between insomnia and a decline in immunity with cytokines having sleep-inhibiting effects. Insomnia severity has also been found to be directly proportional to the levels of cortisol and C-reactive protein (CRP) elevation. Cognitive Behavioral Therapy for Insomnia (CBTI) has demonstrated comparable efficacy with longer maintenance duration after treatment discontinuation in randomized controlled trials of direct comparisons with sleep medication in patients with chronic insomnia.

Objectives: The ultimate aim of this study is to recognize measure and target insomnia among chronic cannabis users seeking treatment.

Methods: We recruited 13 participants who have cannabis use disorder with concomitant insomnia at the American University of Beirut Medical Center. Participants completed the Insomnia Severity Index (ISI) questionnaire, and a screener for depression and anxiety the Patient Health Questionnaire-4 (PHQ-4) before/after CBTI. Participants wore an actigraphy device 1week pre/post CBTI. Blood samples were taken before/after CBTI. Participants received 4 CBTI sessions over two weeks. Statistical significance was determined by Paired-Samples T test.

Results: Preliminary results showed a significant decrease in insomnia (ISI) among participants (0.005). PHQ-4 scores showed a significant decrease in depression/anxiety symptoms (0.007). Actigraphy data showed significant decrease in sleep onset latency (0.007).

Conclusions: This pilot study showed that CBTI is efficient in reducing insomnia severity, depression and anxiety symptoms, and sleep onset latency among cannabis use disorder patients. The findings of this study will help in developing further avenues of research relating to sleep, substance abuse and treatment options.

Conflict of interest: No

Keywords: cannabis; Insomnia; Therapy; biomarkers

EPV1405

Procrastination and stress levels in medical students with different mean mark

M. Artemieva* and A. Lazukova

Peoples' Friendship University of Russia (RUDN University),
Department of Psychiatry And Medical Psychology, Moscow, Russian
Federation

*Corresponding author.

Introduction: The learning process for medical students has always been stressful. The memorization of big amount of information by a certain time leads an inexperienced student to mental exhaustion.

Objectives: The aim of the study was to identify the level of procrastination and stress in medical students, differences in the level of procrastination and stress in groups with low and high achievement.

Methods: The study uses a questionnaire method, the statistical method (SPSS). Two groups of medical students were selected among RUDN medical students (22 ± 2 years). The mean score in the group with low achievement ($n=75$) in all subjects was 64 ± 4 . The group with high achievement ($n=75$) included students with an average score of 88 ± 2 . A statistical analysis was carried out using a non-parametric Mann-Whitney difference criterion.

Results: No significant differences in stress levels were found in the two groups ($U = 546$). There were significant differences in the level of procrastination in the groups with low and high achievement ($U = 385$, $p < 0.01$). In the group with low achievement, the average procrastination rate is higher than that of students with high achievement.

Conclusions: Procrastination negatively affects the performance of medical students. In order to confront procrastination, it is necessary to include short training programs in the educational process, so that students can independently identify the level of procrastination, receive information about methods of dealing with it. The publication was prepared with the support of the "RUDN University Program 5-100"

Conflict of interest: No

Keywords: procrastination; stress

EPV1406

Looking beyond excessive daytime somnolence: not everything are mood disorders.

C. Garcia-Malo¹ and S. Boi^{2*}

¹Sleep Research Institute, Neurology, Madrid, Spain and ²Hospital Universitario Puerta de Hierro de Majadahonda, Psychiatry, Majadahonda, Spain

*Corresponding author.

Introduction: Narcolepsy is a neurological disorder consisting on excessive daytime somnolence and REM-phenomena such as sleep paralysis and hypnagogic-hypnopompic delusions. Type-1 narcolepsy includes cataplexy too.

Objectives: Describing 3 atypical clinical cases on which diagnosis is challenging.

Methods: Case1: 28 y.o women, treated with Venlafaxine 150mg/d and MethylphenidateXR 27 mg/d for anergy and anhedonia. Comes to our office because she has presented fragmented and no-refreshing sleep for years. She refers having restless sleep, occasionally "acting" her dreams with kicking and punching. She has sleep-paralysis once a month. Case2: 38 y.o. women, refers stuttering in high-emotional or anxiety contexts. She was started benzodiazepines, worsening her symptoms. She refers needing short naps during her work, sleep-paralysis and

occasional hypnagogic-hypnopompic delusions. Case3: 59 y.o. male, refers drop-attacks, with no prodromal symptoms and without loss of consciousness. Cardiological and neurological evaluation were normal. He refers falling asleep while having dinner and even while driving. He describes dreaming during a few minutes nap.

Results: Every three cases were diagnosed with narcolepsy according to current criteria (normal sleep efficiency during polysomnography) and multiple sleep latency test with latency of < 8 minutes and at least 2 sleep-onset REM periods.

Conclusions: Narcolepsy can be presented with atypical or poor recognizable features, even during adulthood. It is frequent for these patients being diagnosed with depression, anxiety or conversive disorder, resulting eventually in worsening of symptoms. As narcolepsy is a frequent condition, with estimated prevalence of 1 in 2000 people, physicians should be aware, and keep in mind its cardinal features.

Conflict of interest: No

Keywords: sleep-disorder; excessive-daytime somnolence; narcolepsy

EPV1407

A rare sleep disorder, a pharmacological side-effect? "Doctor, I find traces of food in my bed".

S. Boi^{1*} and C. Garcia-Malo²

¹Hospital Universitario Puerta de Hierro de Majadahonda, Psychiatry, Majadahonda, Spain and ²Sleep Research Institute, Neurology, Madrid, Spain

*Corresponding author.

Introduction: Sleep related eating disorder (SRED) is included among non-REM parasomnia. Its frequency is probably underestimated, since patients often do not consult, and physicians hardly recognize it as a disorder. Occasionally it may occur as a pharmacological side effect.

Objectives: Describe a case of an unusual type of non-REM parasomnia.

Methods: A 56 y.o. woman presents to our office referring that, during the last 6 months, when she woke up, finds traces of chocolate and sweets in her bed. She does not remember getting out of bed or eating at night. She has gained 10 kg in this time without having changed her diet, for this reason she started restrictive eating behaviors. She lives alone so there are no witnesses, however she finds every morning changes in the kitchen, such as open cupboards. She has personal history of migraine and sleep-walking in her childhood. She has been treated with Zolpidem 10 mg for the last 5 years, when she divorced. The patient was diagnosed with SRED, zolpidem was discontinued with progressive improvement.

Results: SRED consists on episodes occurring during slow-wave sleep on which the patient leaves the bed asleep and eats, especially highly caloric food. Primary forms have been described, but secondary forms are generally more frequent, usually related to treatment with hypnotic drugs such as Zolpidem.

Conclusions: SRED can lead to serious consequences for the patient such, for example restrictive eating behaviors during the day. It is crucial to recognize the disorder, in order to eliminate possible triggers.

Conflict of interest: No

Keywords: parasomnia; pharmacological side effect; Zolpidem; eating-disorder

EPV1408

Analysis of the quality of sleep in adolescents who consult in the emergency department due to suicidal ideation.

S. Pérez Sánchez^{1*}, I. Martín Herrero¹, A. Crespo Portero² and D. Güimil Raya¹

¹Morales Meseguer Public University Hospital, Psychiatry, Murcia, Spain and ²Lorca Mental health Center, Psychiatry, Lorca, Spain

*Corresponding author.

Introduction: Sleep disorders can warn about the worsening of suicidal thoughts in adolescents regardless of comorbidity with other psychiatric disorders such as an individual's depression, in turn associated with suicidal ideation in the adolescent.

Objectives: 1. Quantify the quality of sleep in the last month of teenagers with suicidal ideation. 2. Describe the dimensions affected.

Methods: An initial data collection was carried out on adolescents who consulted in the emergency department for suicidal ideation for two consecutive months. They do not take drug treatment. Informed consent of minor participants and parents. Prospective pickup. Pittsburgh Sleep Quality Index Questionnaire (PSQI). Descriptive analysis.

Results: 11 women (55%), 9 men (45%) from 15 to 18 years of age. In the global analysis it was observed that 35% of the sample presented severe sleep disorders (mean 15), being more frequent in the female sex. 35.7% of the sample had an average score of 9, which corresponded to regular sleep quality, while 23.3% had corresponding scores with good sleep quality (mean 4). In the dimensional analysis, serious sleep problems were observed that affected: the duration of sleep, subjective quality and sleep disturbances (predominantly 29% female, 22% male nightmares).

Conclusions: In our experience, deepening the study of sleep quality in emergencies can be very useful to suspect intense psychic discomfort in adolescents and associate it with suicidal risk factors. This initial study is very limited by the sample size but it encourages us to continue in its deepening.

Conflict of interest: No

Keywords: sleep; adolescents; suicidal ideation.

EPV1409

“the early bird catches the worm” – behavioural sleep problems in children and how to treat them

M. Pinto*, M.J. Lobato De Sousa, M.G. Almeida and C. Maia

Centro Hospitalar do Tâmega e Sousa, Child And Adolescent Psychiatry, Guilhufe, Portugal

*Corresponding author.

Introduction: Twenty to thirty percent of children have significant bedtime problems or night wakings, and in most cases, these have behavioural causes and solutions. The term behavioural insomnia of childhood refers to sleep difficulties that result from inappropriate sleep associations or inadequate parental limit setting. Evidence suggests that sleep difficulties have potential negative effects on

children's cognitive development, regulation of affect and overall quality of life, as well as secondary effects on parental and family functioning.

Objectives: Review and summarise the evidence-based behavioural interventions for childhood insomnia.

Methods: We carried out a narrative literature review by performing a search on PubMed database to identify suitable English-written articles.

Results: Empirically validated interventions for bedtime problems and night wakings include extinction, graduated extinction, positive routines, and parental education. The healthcare provider should discuss parents' knowledge and beliefs as well as strategies they have used to help address their child's sleep difficulties and then adapt the interventions to the child's age and to the family's situation. Graduate extinction techniques and controlled crying are more appropriate for younger children, whereas cognitive and coping strategies are better suited to school-aged children. Most children respond to behavioural interventions, with positive outcomes for them and their families.

Conclusions: The management of behavioural sleep problems in children should focus on nonpharmacological treatments. Psychoeducation for parents is an important first step in treatment and behavioural intervention strategies are highly effective in treating behavioural insomnias in children. Additionally, pharmacologic therapy is not a first-line treatment and should always be combined with behavioural interventions.

Conflict of interest: No

Keywords: sleep; behavioural insomnia of childhood; Children; behavioural interventions

EPV1410

Current evidence-based therapeutic recommendations in narcolepsy

O. Vasiliu

University Emergency Central Military Hospital Dr. Carol Davila, Psychiatry, Bucharest, Romania

Introduction: Narcolepsy is an important disorder that has its onset in the first decades of life and has severely negative impact over professional, social, and familial functioning. Besides sleep hygiene, psychosocial support and treatment of comorbid conditions, patients diagnosed with narcolepsy receive, in their vast majority, pharmacological treatment.

Objectives: To formulate evidence-based recommendations for the pharmacological treatment of narcolepsy-diagnosed patients.

Methods: A literature review was performed through the main medical databases (Cochrane Database of Systematic reviews, PubMed, Thomson Reuters/Web of Science, SCOPUS, EMBASE, CINAHL) using the search paradigm “pharmacological treatment” OR “drugs” AND “narcolepsy”. All papers published between 2000 and 2019 were included in the primary analysis.

Results: There have been identified two generations of drugs supported by good quality trials that could be recommended in the treatment of narcolepsy. Modafinil, armodafinil, methylphenidate, dextroamphetamine, sodium oxybate may represent the first, older group of available drugs. Solriamfetol and pitolisant are the latest discoveries for this indication, and even if their availability is restricted to certain geographic areas, they are supported by clinical

trials. The pharmacodynamic properties of these drugs are very different (from histamine H3 inverse agonists to norepinephrine-dopamine reuptake inhibitor, and from gamma amino butyric acid metabolites to orexin/hypocretin stimulators), and in several cases the exact mechanism of action is unknown.

Conclusions: There is a continuous interest for the discovery of new drugs for the treatment of narcolepsy, and both daytime sleepiness and cataplexy can be addressed by currently available drugs.

Disclosure: The author was speaker for Servier, Eli Lilly and Bristol-Myers, and participated in clinical trials funded by Janssen Cilag, Astra Zeneca, Otsuka Pharmaceuticals, Sanofi-Aventis, Sunovion Pharmaceuticals.

Keywords: narcolepsy; psychopharmacology; H3 inverse agonists; norepinephrine-dopamine reuptake inhibitor

EPV1412

The relationship between functional state self-regulation resources and job satisfaction in contact center operators

M. Titova^{1*} and K. Nematova²

¹Lomonosov Moscow state university, Faculty of Psychology, Moscow, Russian Federation and ²Baku branch of Lomonosov Moscow state university, Faculty of Psychology, Baku, Azerbaijan

*Corresponding author.

Introduction: The problem of professional stress among contact center operators, as well as the need to overcome it, are noted by many researchers (Devis, 2000; Feinderg, 2001; Tuten, 2004). The important criteria of effective, successful activity, in addition to objective criteria, can be considered subjective assessment of job satisfaction.

Objectives: The study was held in 40 contact center operators and was aimed to estimate how the specificity of the functional state self-regulation resources of contact center operators corresponds their job satisfaction.

Methods: The assessment methods included: the job stress survey (JSS), the coping questionnaire (SACS), the hardiness questionnaire, the job satisfaction questionnaire, the scale of psychological well-being and chronic fatigue questionnaire.

Results: The results revealed: despite the different subjective image of the working situation, less and more satisfied operators use similar resources of self-regulation of the functional state associated with frequently used professional-disapproved models of coping behavior (aggressive, avoiding actions) and are characterized by acceptance of risk as an indicator of hardiness. The use of these self-regulation resources allows you to overcome chronic fatigue, but do not allow you to maintain a high level of psychological well-being.

Conclusions: The risk factors of job dissatisfaction of contact center operators are asserative actions, reducing work engagement, reducing the typical use of prosocial strategies and over-cautious behavior coping behavior. The results of the study can be used in the practical work of the psychologists with contact center operators to prevent stress and improve their effectiveness. The research is supported by Russian Foundation for Basic Research, project 17-06-00994.

Conflict of interest: No

Keywords: stress; job satisfaction; Resilience; functional state self-regulation resources

Suicidology and suicide prevention

EPV1414

Suicide attempts in the psychiatric day hospital: a retrospective study

L. Borges^{1*}, P. Duarte², A. Rita Moura², A. Maia² and C. Halpern²

¹Centro Hospitalar Universitário do Algarve, Psychiatry, Portimão, Portugal and ²Centro Hospitalar de Lisboa Ocidental, Psychiatry, Lisbon, Portugal

*Corresponding author.

Introduction: Suicide attempt (SA) can be defined as a self-injurious behavior that is intended to kill oneself but is nonfatal and suicide when that behavior becomes fatal. Major risk factors for suicide include psychiatric disorders and prior SAs. Personality traits, social and demographic factors also influence this risk.

Objectives: To characterize the SAs (before, during and one year after the treatment) in the Psychiatric Day Hospital.

Methods: Retrospective descriptive study of the patients admitted to the Psychiatric Day Hospital, between 2015 and 2018. Patients that were still in treatment or that hadn't complete one year after discharge were excluded; the clinical processes were evaluated to collect socio-demographic and clinical data.

Results: From a total of 63 patients (N=63; 100,0%), 21 have had SAs before admission (N=21; 33,3%), 3 during admission (N=3; 4,7%) and 3 after one year of discharge (N=3; 4,7%). 1 patient (N=1; 1,6%) consummated suicide. On total, 23 patients had at least one SA during any of these periods (N=23; 36,5%). From these, the majority were female (N=17; 74,0%), single (N=13; 56,5%) and unemployed (N=15; 65,2%). The most prevalent diagnostic was Borderline Personality Disorder (N=10; 43,5%) followed by Depressive Disorder (N=6; 26,1%).

Conclusions: Here we report the trends of SAs occurred in different periods of treatment, at the hospital day setting. The results of socio-demographic factors were concordant with the literature. It would be interesting to further detail our findings using a prospective methodology, to see the long-term impact of the treatment.

Conflict of interest: No

Keywords: Suicide; DAY HOSPITAL; suicide attempt

EPV1418

Suicide prevention actions carried out by an academic psychiatry service in rio de janeiro city

J. Jaber Filho^{1*}, J. Verissimo Jr², A. Hollanda³ and P.C. Geraldes⁴

¹Clínica Jorge Jaber, Saúde Mental, Vargem Pequena, Brazil; ²Clínica Jorge Jaber, Saúde Mental, Rio de Janeiro, Rio de Janeiro, Brasil, Brazil; ³Clínica Jorge Jaber, Saúde Mental, Rio de Janeiro, Brazil and ⁴Clínica Jorge Jaber, Saúde Mental, Vargem Pequenaos Reis, Brazil

*Corresponding author.

Introduction: INTRODUCTION: Description of a structured work of primary prevention, based on a survey of the prevalence of suicidal behavior in the Brazilian population throughout life, performed by an academic service of psychiatry and chemical dependence.

Objectives: GOAL: Raise awareness of the need to call for help and 24-hour distress hotline phone outreach.

Methods: METHOD: Clarification actions through the press, development of a suicide prevention lecture program given in schools, surveillance cameras, military institutions, companies and laws, promotion of public events with music, activities, distribution of t-shirts, booklets and leaflets.

Results: Result: Result achieved successfully.

Conclusions: CONCLUSION: The suicide prevention program has been very successful as the press promotes widespread dissemination of the telephone number for immediate relief.

Conflict of interest: No

EPV1419

Childhood sexual abuse and suicidal behavior in bipolar disorder patients

R. Maamouri^{1*}, S. Ellini², N. Ghazouani³ and M. Cheour⁴

¹Razi hospital, Psychiatry E, tunis, Tunisia; ²Razi hospital, Psychiatry E, manouba, Tunisia; ³Razi University Hospital, Psychiatry, Mannouba, Tunisia and ⁴Tunis El Manar University, Faculty of Medicine of Tunis, Department of Psychiatry "e", Razi Hospital, La Manouba, Tunisia

*Corresponding author.

Introduction: Child sexual abuse is associated with some clinical phenomena that represents a more severe form of bipolar disorder (BD). In fact, it can lead to a higher risk of suicidal attempts.

Objectives: The aim of our study was to evaluate the correlation between early sexual abuse and the likelihood of suicidal behavior in bipolar disorder patients.

Methods: It's a cross sectional, descriptive study containing 100 bipolar patients type 1 or 2 divided into two groups: 40 BD with suicidal behaviors and 60 BD without suicidal behaviors. Sociodemographic data, family and personal history were collected directly from patients and from their medical files. Patients responded to Childhood trauma questionnaire (CTQ). The analysis was made by IBM SPSS statistics 25. For the analysis of correlations and statistical links, we used linear regression.

Results: The mean age of our sample was 42,9+11,5 years. 77% were male, 50% were single. The average CTQ total score was 41,6+10,7. It was 43,5+11,5 for the suicidal patients and 40,3+9,7 for the non-suicidal patients. The average scores for emotional neglect, physical neglect, emotional abuse, physical abuse and sexual abuse were respectively: 10,2 /7,9 /8,6 /8,4 and 6,5 for the suicidal group. we noticed a significant correlation between early sexual abuse and the emergence of suicidal behavior in BD adult patients ($p=0,009<0,05$), but there was no statistical link between emotional and physical neglect, emotional and physical abuse and the likelihood of suicidal behaviors.

Conclusions: Childhood traumas, especially sexual abuse seem to be a predictor factor of suicidality in BD. we need to asses these childhood adversities to prevent self-destructive behaviors.

Conflict of interest: No

Keywords: sexual abuse; childhood trauma; Bipolar Disorders; suicidal behavior

EPV1420

Impulsivity and suicidal behavior in bipolar disorder patients

R. Maamouri^{1*}, S. Ellini², N. Ghazouani³, C. Ati⁴ and M. Cheour⁵

¹Razi hospital, Psychiatry E, Ben arous, Tunisia; ²Razi hospital, Psychiatry E, manouba, Tunisia; ³Razi University Hospital, Psychiatry, Mannouba, Tunisia; ⁴Razi hospital, Psychiatry E, tunis, Tunisia and ⁵Tunis El Manar University, Faculty of Medicine of Tunis, Department of Psychiatry "e", Razi Hospital, La Manouba, Tunisia

*Corresponding author.

Introduction: Impulsivity is a prominent aspect in bipolar disorders (BD), it contributes to many of its complications including suicidal behavior.

Objectives: The aim of our study was to evaluate the impulsivity rates in BD patients and to search for a correlation between this trait and the emergence of suicidal acts.

Methods: It's a cross sectional, descriptive study including 100 bipolar patients type 1 or 2 divided into two groups: 40 BD with suicidal behaviors and 60 BD without suicidal behaviors. Sociodemographic data, family and personal history were collected directly from patients and from their medical files. Patients responded to BIS-11: Barrat impulsivity scale traduced and validated in our dialectal Tunisian language. The analysis was made by IBM SPSS statistics 25. For the analysis of correlations and statistical links, we used linear regression.

Results: The mean age of our sample was 42,9+11,5 years. 77% were male, 50% were single. The average BIS-11 score for our sample was 69,2±10,7. It was 73,7±10,9 for suicidal patients and 66,2±9,6 for non-suicidal patients. We found a statistical link between high rates of impulsivity BIS-11>75 and suicidal behavior in BD patients ($p<0,001$ OR 3,6)

Conclusions: High rates of impulsivity are statistically associated with suicidal behavior in BD patients. Screening for impulsivity traits in BD patients using objective measures is mandatory in order to predict and prevent suicide in this risky population.

Conflict of interest: No

Keywords: suicidal behavior; Prevention; Impulsivity; Bipolar Disorders

EPV1421

Methods of suicide attempts in a tunisian sample of patients with bipolar disorders

R. Maamouri^{1*}, S. Ellini², N. Ghazouani³, A. Rebai⁴ and M. Cheour⁵

¹Razi hospital, Psychiatry E, Ben arous, Tunisia; ²Razi hospital, Psychiatry E, manouba, Tunisia; ³Razi University Hospital, Psychiatry, Mannouba, Tunisia; ⁴Razi University Hospital, Adult Outpatient Psychiatry Department, Mannouba, Tunisia and ⁵Tunis El Manar University, Faculty of Medicine of Tunis, Department of Psychiatry "e", Razi Hospital, La Manouba, Tunisia

*Corresponding author.

Introduction: Bipolar disorders (BD), either type 1 or type 2, are associated with high rates of suicide attempts (SA). Suicidal ideations and planification can lead to different methods of SA.

Objectives: The aim of our study is to describe and evaluate the several methods of SA in our Tunisian community and to compare our results to those all over the world.

Methods: It's a descriptive study of 40 bipolar disorder patients. All of the patients reported at least one suicidal behavior in their life. Sociodemographic data, family and personal history were collected directly from patients and their medical files. Semi structured interviews were conducted to investigate closely about the suicidal attempts.

Results: our sample contained 40 BD patients. The mean age of our sample was 41,8+10,6 years. 57,5% were male, 55% were single. 82,5% attempted suicide at least once in their lifetime and 17,5% self-destructive behavior (suicidal equivalent). Drug overdose was the mostly reported method in 47,5% of cases, caustic products in 20%, hanging and wrist-cutting in 10% both, self-strangulation in 7,5%, immolation in 5%, drowning and jumping from height in 2,5% both. We see that we didn't find the use of firearms, a way mostly reported in the USA. Our results are different from countries in which we do not share the same culture and laws.

Conclusions: the knowledge of these methods helps us prevent suicide even with the cultural differences.

Conflict of interest: No

Keywords: Bipolar Disorders; Transcultural; SUICIDE ATTEMPTS; methods

EPV1422

Self-reported measures vs. clinical scales to assess the effectiveness of dialectical behavioral therapy in adolescents at high risk of suicide

I. Martin Villalba

Hospital Clinic de Barcelona, Departament Of Psychiatry And Clinical Psychology, BARCELONA, Spain

Introduction: The efficacy of dialectical behavior therapy (DBT) in adolescents with non-suicidal self-injury (NSSI) or suicide attempts (SA) has been supported by two randomized clinical trials (RCT). These studies could not be generalizable to the daily clinical routine and self-reported measures used may be unresponsive to the change compared to the measures assessed by clinicians.

Objectives: This study evaluates the effectiveness of DBT compared with treatment as usual plus group sessions (TAU + GS) in adolescents with suicidal risk in a mental health center, using self-reported measures and those evaluated by the clinician.

Methods: 35 adolescents with repetitive NSSI and/or SA during the last 12 months were recruited and randomly assigned to DBT (n = 18) or TAU + GS (n = 17), to receive both group and individual sessions for 16 weeks. The Columbia Suicide Severity Rating Scale (C-SSRS); the Beck Depression Inventory (BDI-II) and the Suicidal Ideation Questionnaire (SIQ) as self-report measures and the Clinical Global Impressions (CGI) and Children's Global Assessment Scale (CGAS) evaluated by clinicians, were included pre and post-treatment. Generalized linear models were constructed.

Results: The adolescents in DBT improved significantly in the CGAS (p <0.001) and in the CGI (p <0.049) compared to TAU + SG. The self-reported measures showed no significant differences. Both the CGAS and the SIQ-JR improved significantly at the end of the treatment regardless of the treatment.

Conclusions: These results confirm the effectiveness of DBT in adolescents with suicidal risk in the daily routine. Clinical judgment could potentially be more sensitive than self-report measures.

Conflict of interest: No

Keywords: dialectical behavior therapy; suicidal behavior; DBT; adolescents

EPV1423

Suicide risk among multiple suicide attempters

M. Mastrangelo^{1*}, G. Anibaldi¹, G. De Luca¹, B. Imbastro¹, B. Montalbani¹, E. Rogante², S. Sarubbi², A. Ronca², A. Forte², D. Erbuto² and M. Pompili²

¹Sapienza University of Rome, Psychiatry Residency Training Program, Faculty of Medicine and Psychology, Rome, Italy and

²Sapienza University of Rome, Neurosciences, Mental Health And Sensory Organs, Rome, Italy

*Corresponding author.

Introduction: A history of suicide attempts represents the strongest predictor of completed suicide. Studies suggested that multiple suicide attempters (MSAs) might present a higher risk of suicide than those who attempted once (SSAs). To date, only a few studies examined the characteristics of MSAs compared to SSAs.

Objectives: To assess the socio-demographic and clinical characteristics of SSAs, MSAs, and suicidal ideators (SIs) and compare the risk of reattempt. We hypothesized that MSAs might be at higher risk of reattempt compared to the other groups.

Methods: The study sample consisted of 153 adult inpatients admitted to the emergency psychiatric unit at Sant'Andrea Hospital in Rome. Patients with suicidal ideation or attempted suicide were included. We divided them into three groups using the Columbia Suicide Severity Rating Scale (58 SSAs, 65 MSAs, 30 SIs). Socio-demographic and clinical features were collected through interviews and the Beck Hopelessness Scale (BHS). Continuous variables were compared using Student's t-test and Kruskal Wallis test, categorical variables through χ^2 -test.

Results: The components "future expectations" and "loss of motivation" at the BHS were significantly higher in SAs than in SIs (p=0,021; 0,006). MSAs, compared to SSAs, presented more lethal than suicide attempts (2.3±0.9 vs. 1.5±1.1, p<0.001).

Conclusions: According to our preliminary findings, having attempted suicide is associated with lower hope and motivation towards the future and increased lethality of the subsequent attempts. Our results confirmed that MSAs are at higher risk of reattempting suicide using a more lethal method than SSAs.

Conflict of interest: No

Keywords: multiple suicide attempts; lethality; Suicide prevention; suicide risk

EPV1424

Epidemiological aspects of self-harm hospital cases in panama from 2009-2017

I. Moreno^{1*}, G. Castelpietra², G. Higuera¹, F. Castro¹, B. Gómez¹, J. Motta¹ and R. Goti³

¹Gorgas Memorial Institute for Health Studies, Diets, Panama,

Panama; ²Central Health Directorate Region Friuli, Venezia Giulia,

Trieste, Primary Care Services Area, Trieste, Italy and ³Ministry of Health, Mental Health, Panama, Panama

*Corresponding author.

Introduction: In Central-America, hospital-based self-harm surveillance systems are scarce

Objectives: To describe sociodemographic and clinical characteristics of admitted patients with non-fatal self-harm and self-harm repetition in urban Panama from 2009 to 2017, and to investigate their association with severity of the intent-to-die

Methods: Data were derived from self-harm clinical files of a public hospital at Western Panama (population 576,322). Logistic regression models were used to estimate the association between sociodemographic-clinical variables and severity of the intent to die, expressed as odds ratios (ORs) and 95% confidence-intervals (CIs). The median survival time for self-harm-repetition was calculated using Kaplan-Meier method.

Results: A total of 962 subjects with non-fatal self-harm were recorded, whose 90.8% were index events. The prevalence of self-harm was higher in women (67.9%) and among those below 19 years of age (40.1%). In women, medication overdose was the most common method of self-harm (58.7%) whereas in men, self-poisoning/cutting (28.3%) were the most frequent. Psychiatric disorders were present in 36.3% of the cases, with mood disorders accounting for 63.1% of the conditions. Lifetime self-harm prevalence was 39.6% and the median time of self-harm repetition was 1.1 years. Mental health comorbidities (OR2.1; 95% CI 1.5-3.1), medical comorbidities (OR1.6; 95% CI 1.1-2.4), family history of suicide (OR1.6; 95% CI 1.0-2.3) were associated with severity of the intent-to-die.

Conclusions: Studies at the national level are warranted to investigate main self-harm risk factors, particularly across younger ages. Our findings highlight the need of implementing hospital-based self-harm surveillance systems and suicide prevention programs tailored at population at risk.

Conflict of interest: No

Keywords: Self-harm; Suicide; Panama

EPV1425

The risk factors of self-directed violence in severe mental illness. A scoping review.

M.C. Moreno-Calvete

Biocruces Bizkaia Health Research Institute, Bizkaia Mental Health Network, Osakidetza, Basque Health Service, Mental Health Service, Bilbao, Spain

Introduction: The knowledge of risk factors associated with self-directed violence behaviour in people with severe mental illness (SMI) is important in clinical practice.

Objectives: To identify the risk factors of self-directed violence behaviour in people with SMI.

Methods: This scoping review considered systematic reviews and meta-analysis that included studies of risk factors for completed suicide, suicide attempts or self-harm in adults with SMI. No language or publication period restrictions. The databases Pubmed/Medline, Cochrane Library, Pubmed, PsycINFO, and WOS were searched until August 2019.

Results: 1297 articles were examined and 6 reviews were included. Some of the risk factors found were a family history of suicide, comorbid substance use disorder or alcohol use disorder (Table 1).

Citation	Studies	Design	Population	Risk factors
Hor et al. (2010)	51	Case-control, cohort or follow-up studies	Schizophrenia, psychosis, Schizoaffective disorder	Young age, male gender, single, unemployment, higher levels of education, daily alcohol consumption, rural, later age of onset, physical illness, hopelessness, negative self-thoughts, depression, positive symptoms, insight, family history, COMT Del Allele, "C" alleles and 5-HT2A receptor, history of suicidal ideation.
Large et al. (2011)	29	Controlled studies	Schizophrenia, depressive psychosis etc.	Schizophrenia and depressed mood, history of deliberate self-harm, hopelessness, feelings of guilt or inadequacy, depressed mood, suicidal ideas, family history.
Carrà et al. (2014)	29	Cross-sectional, case-control studies	Bipolar disorder	Comorbid alcohol/ substance use disorder
Popovic et al. (2014)	77	Case-control, nested case-control or cohort control design.	Schizophrenia	History of a suicide attempt, depressed mood/depression, number of psychiatric admissions, hopelessness, young age, close to illness onset, older age at illness onset, male sex, hospital admission, substance misuse or dependence.
Sankaranarayanan et al. (2015)	13	Case-control, cohort, cross-sectional	Serious mental illness	Smoking
Schaffer et al. (2015)	34	Prospective/retrospective studies	Bipolar disorder	Female gender, young age at illness onset, depressive polarity of first illness episode, depressive polarity of current or most recent episode, comorbid anxiety disorder, comorbid substance/alcohol use disorder, comorbid cluster B/borderline personality disorder, family history.

Conclusions: There are some modifiable risk factors, and strategies to improve them may lead to a reduction in self-directed violence behaviours in people with SMI.

Conflict of interest: No

Keywords: Severe mental illness; Self-harm; risk factor; Suicide

EPV1426

Study of revenues in psychiatric unit in relation to suicidal behaviors

P. Padilla Romero^{1*}, Y. Dhiver Cantalejo² and T. Lopez-Arteaga²

¹Hospital General Nuestra Señora del Prado, Psychiatry, Talavera, Toledo, Spain and ²Hospital General Nuestra Señora del Prado, Psychiatry, Talavera de la Reina, Toledo, Spain

*Corresponding author.

Introduction: Suicidal behavior includes a heterogeneous set of ideas or acts done voluntarily for the apparent purpose of ending one's life. The psychiatrist must carry out a complete psychopathological examination to establish the severity between cases of: suicidal ideation, autolytic gesture and suicide attempt. Depending on the clinic, the best treatment area will be decided: home discharge or admission (voluntary or involuntary) in the psychiatric hospitalization unit.

Objectives: To study which autolytic behaviors are subsidiary of hospital admissions most frequently

Methods: Retrospective descriptive study. Data obtained from the SESCO computer base. The clinical data of patients of legal age admitted during the year 2018 were collected.

Results: 211 patients were studied, of which 39% were male. The average age was 47 years. Regarding suicidal behaviors, the diagnoses that led to income were: • 11% Suicide attempt (n = 23) • 8% Suicidal ideation (n = 16) • 3% autolytic gesture (n = 7)

Conclusions: Of the total of patients admitted during the year 2018 in the psychiatric hospitalization plant, 22% was due to suicidal behaviors, there being a higher prevalence of income from autolytic attempts than by ideation or autolytic gesture. The study reflects how autolytic attempts, due to the clinical severity they entail, are the suicidal behaviors that require the most income. Although autolytic gestures and the presence of autolytic ideation can be considered less

serious, it is important to always carry out a complete psychopathological examination, because some of them, due to the risk they present, require admission to the hospitalization unit.

Conflict of interest: No

Keywords: suicidal behaviors; psychiatric hospitalization unit; admission; diagnoses

EPV1429

Intento de suicidio en fuerteventura, observación de noviembre 2008 a mayo 2009; ¿cuáles son los principales factores asociados?

E. Segura

Clínica Privada, Salud Mental, Madrid, Spain

Introduction: El 2017 se suicidaron en España 3.679 personas, según el Instituto Nacional de Estadística. Fueron el 5% de quienes lo intentaron. Canarias ocupa el tercer puesto en la clasificación de suicidios por 100.000 habitantes, con 9,06 personas. Suicidio "un acto deliberado de quitarse la vida" (1). El deseo de morir representa la insatisfacción del individuo con su modo de vida en el momento actual (2). El intento suicida es un acto donde la inminencia de la consumación del hecho revela su intencionalidad fatal o su gravedad factual (3). El suicidio es más común en varones, pero las mujeres lo intentan más (1,4). La armonía familiar reduce riesgo de conducta suicida y discordia la incrementa (5).

Objectives: Identificar los principales factores asociados al intento suicida en Fuerteventura.

Methods: Se hizo una encuesta y el cuestionario SAD PERSONS, en urgencias del hospital de Fuerteventura, se evaluaron a las personas con intento de suicidio, de noviembre de 2008 a mayo de 2009, por psicólogo o psiquiatra de guardia de la unidad de internamiento breve; los criterios de inclusión: mayor de 18 años, que otorgue su consentimiento y que sea capaz de responder coherentemente.

Results: Hubieron 22 personas. El 72,74% fueron varones, las mujeres tenían un promedio de 39,67 años. El 63,64% del total no tenía trabajo. Respecto a los motivos por lo que intentaron: 8 con enfermedades físicas terminales, 6 por fracaso sentimental, 5 problemas económicos, 2 pérdida reciente del trabajo y 1 con esquizofrenia.

Conclusions: Factores asociados las pérdidas: de salud física (36,36%), mental (4,55%), trabajo (9,09%), economía (22,73%), pérdida sentimental (27,27%).

Resultados en la Tabla:

Sexo	Cantidad	Edad (años) Promedio	Casado (en %)	Planifico (en %)	No Trabajo (en %)
Varones	16	36,75	50,00	50,00	62,50
Mujeres	06	39,67	66,67	33,33	100
Total	22				

BIBLIOGRAFÍA

1. Guía de Práctica Clínica sobre la Depresión Mayor en la Infancia y la Adolescencia. Plan de calidad para el Sistema Nacional de Salud del Ministerio de Sanidad y Política Social. Agencia de Evaluación de Tecnologías Sanitarias de Galicia (avalia-t). Guías de Práctica Clínica en el SNS: avalia-t No 2007/2009. 2009. URL disponible en: http://www.guiasalud.es/GPC/GPC_456_depresion_inf_adol_avaliat_resum.PDF (Fecha de acceso: enero del 2012).
2. Correa H, Pérez S. Suicidio: una muerte evitable. Santiago de Cuba: Editorial Atheneu; 2006. p. 34.
3. Castro J. Manejo de la conducta suicida. En: Castro J. (ed.). Psiquiatría de niños y adolescentes. Lima: Centro Editorial de la Universidad Peruana Cayetano Heredia; 2009. p. 437-447.
4. Steele MM, Doey T. Suicidal behaviour in children and adolescents part I: etiology and risk factors. *Can J Psychiatry* 2007; 52 (S1): 21-33S.
5. Evans E, Hawton K, Rodham K. Factors associated with suicidal phenomena in adolescents: A systematic review of population-based studies. *Clin Psychol Rev.* 2004; 24(8): 957-79.

Conflict of interest: No

Keywords: asociados; intento; suicidio; factores

EPV1430

Detection of suicidal risk factors in a sample of patients followed in an intensive intervention program.

M. Valtueña García^{1*}, A. González Suarez², L. Lago García¹, C. Ludwig¹, J. López Fernández³, M. Huergo Lora¹, R. Arias Martino⁴ and S. Ocio León⁵

¹Hospital Vital Álvarez Buylla., Psychiatry, Asturias, Spain; ²Hospital Universitario Central de Asturias, Psychiatry, Asturias, Spain;

³Atención Primaria Área VIII del Principado de Asturias, Centro De Salud, Asturias, Spain; ⁴Hospital Vital Álvarez Buylla., Unidad De Tratamiento De Toxicomanías área Vii Del Servicio De Salud Del Principado De Asturias, Asturias, Spain and ⁵Hospital Vital Álvarez Buylla., Director Área De Gestión Clínica, Asturias, Spain

*Corresponding author.

Introduction: Asturias presented the highest standardized suicide mortality rate of the Spanish Autonomous Communities between 2010-2015. In Asturias, a multidisciplinary protocol has been established since 2018 to treat patients with high suicidal risk.

Objectives: This study aims to identify predictors of suicide in patients with suicidal attempt who are followed-up in the Intensive Intervention Program.

Methods: The study took place in Mieres located in Asturias. Mieres constitute Health Area VII of Asturias. The sample includes patients followed up at the Intensive Intervention Program due to high suicide risk (28 individuals). The following variables were collected in september 2019: repeated attempts, socio-demographic and clinical variables, lack of adherence and the Mini International Neuropsychiatric Interview and Clínica Global Impression for Severity of Suicidality, (CGI-SS). The association between suicidal attempt and qualitative study variables was performed using Chi-Square and for the quantitative, T-Student was used. The analysis was carried out with the software SPSS 19.0.

Results: A total of 32 suicide attempt presentations (55 % male) were made by 22 individuals (78.58%). Almost 70% of the suicide attempts involved a drug overdose. Incidence rates varied widely by sociodemographic characteristics with especially high rates among separated/ divorced men (2.4%) and women (1.1%). The unemployed had higher rates (82%), but being unable to work because of illness or disability. A psychiatric diagnosis was specified in 100% of all acts of attempted suicide. Mood disorder was the most commonly.

Conclusions: This study showed evidence of significant variation in the incidence of suicidal risk factors in our population subgroup.

Conflict of interest: No

Keywords: Prevention of suicidal attempts; predictors of suicide; Intensive Intervention Program; high suicidal risk

EPV1431

Social-psychological factors of attempted suicide in adolescence

V. Oleshkevich¹, L. Pechnikova², N. Burlakova^{3*} and N. Buromskaya⁴

¹Scientific Practical Children's Mental Health Centre n. a. G. Sukhareva of Moscow City Department of Healthcare, -, Moscow, Russian

Federation; ²Lomonosov Moscow State University, Department of Neuro- And Pathopsychology, Moscow, Russian Federation; ³Lomonosov Moscow State University, Faculty of Psychology, Department of Neuro- And Pathopsychology, Moscow, Russian Federation and ⁴G.E. Sukhareva Research Practical Centre of Children and Adolescents Mental Health, No 1, Moscow, Russian Federation
*Corresponding author.

Introduction: Exploration of genesis of suicides in adolescence is of major importance for understanding the etiology of suicidal behavior.

Objectives: Main objective was to test a hypothesis about narcissistic crises and narcissistic conflicts as main psychological determinants for suicidal behavior. The hypothesis stated that it was possible to explain at least some suicides by specifics of adolescent crisis.

Methods: Anamneses of 26 adolescents aged between 14 and 17 with attempted suicide were explored, all of them were involved in rehabilitation programs in the psychiatric facilities. The features of narcissistic crises were discovered in all the anamneses. Moreover, the family situation was explored. These data allowed to grasp the mechanisms responsible for development of narcissistic crises and conflicts. Thus, the ideal model of adolescent crisis was constructed for families with the only child and disturbance in family function (long conflict, bitter divorce, etc.). 12 of 26 researched adolescents fitted into this pattern completely. The other 14 cases can be perceived as subvariants of this model.

Results: 1) The position of the only child and problems within the family may serve a basis for narcissistic adolescent crisis, which may lead to the attempts of suicide. 2) During diagnostics and prevention of suicide, the therapist should pay attention to position of the child and specifics of the object relations formed in adolescents in particular families.

Conclusions: These data could be used for deeper understanding of suicide in general. Thus, adult suicide could be based on the adolescent conflicts and serve as means to resolve them.

Conflict of interest: No

Keywords: narcissistic crisis; adolescent crisis; Suicide; prevention of suicides

EPV1432

Suicidal ideation in a depressive episode. A clinical case

J. Cozar Ortiz*, S. Benavente López, P. Ric Benito, C.M. Hernández Caro, M. Plaza Yuste, C. Torrente Seoane, C. Rodríguez Delgado, F. J. Torres Varona, Y. Ainslie Mata, D. Faber, V. Juárez Calvo, M. C. Rodríguez Villarino, R. Suarez Guinea, I. Rubio Zavala, C. Iglesias García, J.L. Pérez-Iñigo Gancedo and M. Presa García
Hospital Central de la Defensa Gómez Ulla, Psychiatry And Mental Health Department, Madrid, Spain
*Corresponding author.

Introduction: A 54-year-old male patient, with two previous autolytic attempts through drug overdose, of which the first required an admission in the Psychiatry Unit, who went to the Emergency Department with new suicidal ideation that motivated his admission in the Psychiatry Unit. During said admission, the patient presented persistent and poorly structured suicidal ideation, with no criticism of them, in a context of depressive mood and a conflicting familiar situation.

Objectives: Complete analytics revealed no pathological findings.

Methods: Differential diagnosis was established among major depressive disorder, mixed anxiety–depressive disorder, adjustment disorder and dysthymia.

Results: Initially he was prescribed Venlafaxine 225mg per day along with mirtazapine 30mg and zolpidem 10mg per night. Psychotherapeutic treatment was also started at the beginning of the admission and maintained throughout admission. A clear improvement was observed in his mood with the cessation of suicidal ideation during the admission.

Conclusions: It is essential to perform an accurate differential diagnosis in depressive disorders with suicidal ideations. Venlafaxine along with psychotherapeutic treatment may be an effective treatment in mood disorders with suicidal ideation.

Conflict of interest: No

Keywords: psychotherapy; venlafaxine; Depressive; Suicide

EPV1433

Therapeutic interventions for suicide behaviour: 12-months outcomes for the suicidal behaviour management program for suicide prevention (CARS) in cantabria (spain)

A.I. De Santiago-Díaz^{1*}, M. Gómez-Revuelta¹, E. García-Rumayor¹, L. Boada-Antón¹, M. Ibañez-Alario¹, L. Sánchez-Blanco² and J.Á. Artal-Simón¹

¹Hospital Universitario Marqués de Valdecilla, Servicio De Psiquiatría, SANTANDER, Spain and ²Hospital Galdakao-Usansolo, Servicio De Psiquiatría, Galdakao, Bizkaia, Spain

*Corresponding author.

Introduction: Suicide is a significant public health issue, with more than 800,000 annual deaths worldwide. Suicidal ideation and attempts are known to be strongly associated with completed suicide. In Cantabria (Spain) we have implemented since 2016 the Suicidal behaviour management Program for suicide prevention (CARS) with fast and intensive outpatient assistance: First consultation in 24-72 hours; daily follow-up (if necessary); treatment for 1-3 months. **Objectives:** The aim of the programme is to prevent the risk of suicide after a suicide attempt or suicidal ideation and to reduce the recurrence of suicidal behaviour (SB).

Methods: Open cohort study with 12-months follow-up in Valdecilla University Hospital (Santander, Spain). 795 consecutive patients treated in the emergency department for attempted suicide or suicidal ideation during 42 months (March-2016/August-2019); 426 were treated in CARS (mean age=43; range 18-89; 58% women; 68% suicide attempts).

Results: Hospital admission for SB management has been less frequent in CARS reference care area (11%), in comparison with other care areas in Cantabria (32% and 27%; p=0,03). In patients treated in the first year, a significant decrease in the recurrence of SB has been observed (6% in CARS; 33% in others) as well as the need for psychiatric admission (7% CARS; 44% other) in 12 months after the index episode.

Conclusions: The rapid and intensive intervention carried out in the CARS Program in Cantabria (Spain) has proven effective in reducing the need for hospital admission for suicidal risk management (19%), the recurrence of suicidal behaviour (27%) and the psychiatric admission (37%) in the following year.

Conflict of interest: No

Keywords: Suicide; suicide behaviour; Suicide prevention

EPV1434

Psychotherapeutic group intervention designed specifically to approach suicidal behavior: a pilot study.

A.I. De Santiago-Díaz*, T.M. Carceller-Meseguer and J.Á. Artal-Simón

Hospital Universitario Marqués de Valdecilla, Servicio De Psiquiatría, SANTANDER, Spain

*Corresponding author.

Introduction: The comprehensive approach to suicidal behavior in the bio-psycho-social mental health model includes intervention on psychological and social factors. However, psychotherapeutic interventions for the treatment of suicidal behavior are not standardized and do not pay attention to changes in the cognitive and emotional domains. Since March-2016 in Cantabria (Spain) there is a Suicide Behavior Management and Suicide Prevention Program (CARS).

Objectives: To implement a standardized psychotherapeutic group intervention to modify psychological risk factors of suicide, within the CARS program.

Methods: Specific group intervention (6-10 patients, 10 sessions, 90 minutes, weekly frequency) aimed at modifying the psychological risk factors of suicide: hopelessness, impulsivity and social cognition. Satisfaction with the treatment received was measured with the Consumer Reports Effectiveness Scale (CRES-4).

Results: 23 patients participated in 3 groups: average age 44 years, mostly women (60.9%), with a medium level of education (15 years), married (34.8%) or divorced (34.8%), working (47.8%), with family support (52.2%) and mostly (47.8%) without prior suicide attempts. Only two patients (8.6%) left voluntarily the group. The results showed a high efficacy of the treatment according to patient satisfaction (total mean CRES-4 = 240/300).

Conclusions: The application of the group intervention were very satisfactory for the patients, who showed a high adherence and perception of improvement of their mental health status. Although the sample is still small to be able to analyze the changes in the psychological risk factors, this experience remarks the relevance of psychotherapeutic group intervention within the assistance programs aimed to prevent suicide.

Conflict of interest: No

Keywords: Suicide; suicide behaviour; psychotherapeutic group intervention; Suicide prevention

EPV1436

“Attitudinal beliefs on suicide and suicide risk in young people of a private university of montería”.

M.N. Muñoz Argel*, A. Uribe Urzola, E. Ruiz Gonzalez, M. Arcos Guzman and I. Ramos Vidal

Universidad Pontificia Bolivariana, Psicología, Montería, Colombia

*Corresponding author.

Introduction: The World Health Organization (WHO, 2012) considers suicide as a public health problem, taking into account its high prevalence, especially, in adolescents aged 15 to 24, which places it as one of the three most frequent causes of death for this age group. Studies have suggested that the type of beliefs about suicide are related to an increased suicide risk.

Objectives: Identify the relationship between attitudinal beliefs about suicide and the suicide risk in young people from a private university in Montería, Colombia.

Methods: It is a correlational and cross-sectional study where 181 university students, 136 women and 45 men, between 17 and 25 years old participated. Sex comparisons of suicidal risk tests and attitude beliefs about suicidal behavior were performed by using the T-Student test. The significance level assumed in these tests was 0.05.

Results: A significant and positive correlation between beliefs about suicide related to terminally ill patients and the risk of suicide was found in the study.

Conclusions: There is a significant and positive relationship between attitudinal beliefs about suicide (legitimization of suicide, suicide in terminal ill patients and own suicide) and the suicide risk in young participants. Also, the correlations made by sex indicate that the male gender assumed a higher score than women in the dimensions of Legitimation of suicide, Suicide in terminal ill patients and Suicide Risk, which indicates that they have a favorable attitude and acceptance towards suicide, and a higher risk of suicide.

Conflict of interest: No

Keywords: suicide risk; Suicide; attitudinal beliefs; University students

EPV1437

Intrapersonal anti-suicide barriers in dental students

E. Nikolaev

Ulianov Chuvash State University, Department of Social And Clinical Psychology, Cheboksary, Russian Federation

Introduction: Dentists are health professionals that have a high risk of suicide (Petersen & Burnett, 2008). That is why it is very important to know the personality factors that reduce the risk of suicide still in the process of studying their future profession.

Objectives: The goal of the research is to determine the personality factors that are interrelated with a reduced risk of suicide in dental students.

Methods: The study is based on the survey of 163 undergraduate dental students aged 20.1±5.5. To identify intrapersonal anti-suicide barriers, we used a questionnaire aimed to assess the level of satisfaction with an individual's own personality and actual social situation.

Results: The majority (86.5%) of the surveyed students revealed a high anti-suicidal barrier, which manifests itself in a categorical rejection of suicide. 4.3% of the students justify the possibility of suicide as a way out of an insuperable life situation, 9.2% of the surveyed students showed a low anti-suicidal barrier admitting a person's right for suicide. Correlation analysis proved that a more evident manifestation of anti-suicidal barrier is directly interrelated ($p < 0.05$) with a higher level of religious faith ($r = 0.29$), affiliation with either Orthodoxy or Islam ($r = 0.32$), a higher personal well-being index ($r = 0.27$) and greater satisfaction with their homeland ($r = 0.30$).

Conclusions: Most of the future dentists have developed anti-suicide barriers, which are determined by high levels of faith, satisfaction with their personal wellbeing and their homeland. These factors may go together in the same category of belonging, which allows a person to combine personal interests with the social ones.

Conflict of interest: No

Keywords: anti-suicide barriers; dental students; faith; satisfaction

EPV1442

Suicide and emotion regulation: which difficulties are involved?

S. Beomonte Zobel*, P. Velotti and G. Rogier

Sapienza Università di Roma, Dynamical And Clinical Psychology, Roma, Italy

*Corresponding author.

Introduction: For many years now, the role of difficulties in emotion regulation in suicide has been consolidated. To date, there are numerous studies that have investigated the different components and mechanisms of emotional regulation that play a role in suicidal ideation and gestures. However, there is still no consensus on which are the suicide-specific emotion regulation difficulties.

Objectives: To summarize our knowledge on difficulties in emotion regulation strategies and suicide, with the aim to provide a more systematic knowledge on the topic.

Methods: The systematic review work has been carried out in compliance with PRISMA (Moher et al., 2009) standards. Computer database researches were conducted using the following databases: Psycinfo, Psycharticle, Medline, Scopus, Web of Science, and PubMed. Search terms were compiled into two concepts for all database namely emotion regulation strategies and suicide. After duplicates elimination, record and papers have been screened, according to inclusion and exclusion criteria.

Results: The studies included in the systematic review appear to be very heterogeneous in their nature, due to the complexity of the phenomenon and to the variability of the approaches in the study of suicide and suicidal ideation.

Conclusions: Despite the interesting preliminary results, additional research is needed to provide a greater understanding of the interplay between the different emotion regulation strategies and suicide ideation, with the aim to develop more effective protocols of prevention and treatment.

Conflict of interest: No

Keywords: emotion regulation; Systematic Review; Suicide

EPV1443

Vulnerable or grandiose? The two faces of suicide in pathological narcissism.

S. Beomonte Zobel*, G. Rogier and P. Velotti

Sapienza Università di Roma, Dynamical And Clinical Psychology, Roma, Italy

*Corresponding author.

Introduction: Suicide ideation and attempts are very distinctive in pathological narcissism pathology, as in all cluster B personality disorders. However, the mechanisms by which the grandiose and the vulnerable aspect give rise to the suicidal themes remain unclear as there is no agreement in literature on which aspect of narcissism is predominant in suicidal phenomena.

Objectives: To offer preliminary empirical evidences concerning the relationship between both vulnerable and grandiose narcissism and suicide ideation.

Methods: We administered Pathological Narcissism Inventory (PNI) and Beck Scale for Suicidal Ideation (BSI) to a sample of individuals with Suicide ideation (n= 71) and a sample of community participants (n=150).

Results: Controlling for age and gender, we found that BSI scores correlated significantly with the vulnerable dimension of narcissism, but not with the grandiose one, and it predicts BSI scores. Nevertheless, grandiose narcissism moderates the relationship between vulnerable narcissism and suicidal ideation.

Conclusions: Suicide ideation seems to be deeply connected with pathological narcissism, both in its vulnerable and grandiose aspects. Moreover, it is evident that it is not possible to consider separately the two dimensions of narcissism as they are deeply interrelated. Future directions and clinical implications are discussed.

Conflict of interest: No

Keywords: vulnerability; Suicide; narcissism; grandiosity

EPV1444

Suicidare behavior and risk factors: observation study in the department of mental health

A. Carluccio¹ and S. Campi^{2*}

¹ASL Lecce, Department of Mental Health, ITALIA, Italy and ²asl lecce, Department of Mental Healthh, lecce, Italy

*Corresponding author.

Introduction: Studies shows that about 16% of patients who attempted suicide are more likely to repeat the act within the first year; 23% within 4 years. Suicidal tendencies represent one of the main predictors of suicidal behaviors within one year.

Objectives: The aim of the research was to evaluate how motivation and modality of a suicidal behavior changes over time. The purpose was to identify the risk factors, so that a correct prevention strategy could be put in action.

Methods: The Department of Mental Health carried out an observational study involving 4 hospitals between 2016-2017. The study analyzed all the requests for counseling from patients who presented self harm and a suicidal thought.

Results: The overall number of samples analyzed between 2016 and 2017 were 516 (n.273 in2016, n.243 in2017). Women presented a higher percentage of suicide attempts compared to male suicide attempts (51.6% vs 48.4%); The non-therapeutic drugs taking was the most frequent case (39.5%) in both sexes (61.3% vs 38.7%). In addition to this, death by hanging appears to be present in the male gender only. Patients who presented a suicidal behavior between 2016 and 2017, arrived in A&E with psychopathological problems which included mood swings (23.6%, F:54.1% M:45, 9%), whereas among the psychosocial problems were conflicts with the partner (56.8% vs 43.2%) and family problems (58.5% vs 41.5%).

Conclusions: From the data found it emerges that a greater suicidal tendency occurs more in women than in men, who on the contrary, present more cruel, bloody actions. A careful analysis carried out over time could be the answer to manage all the red flags.

Conflict of interest: No

Keywords: suicide behavior risk factors; Suicide; risk factors; suicide attempts

EPV1445

Harm minimisation approaches for management of self-harm: a study describing the prevalence and characteristics of patients who self-harm and use harm minimisation techniques

C. Cliffe*, S. Rowe and A. Pitman

UCL, Psychiatry, London, United Kingdom

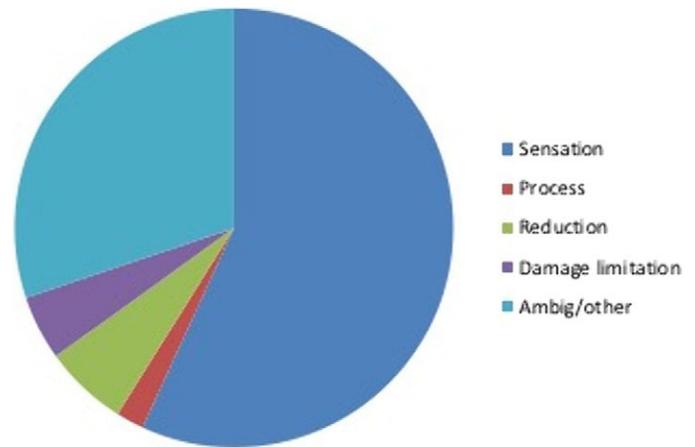
*Corresponding author.

Introduction: The prevalence of self-harm is high; UK guidelines recommend harm-minimisation (HM), where people who frequently self-harm are supported to do so more safely using strategies such as using rubber bands or sterile blades, despite a lack of evidence.

Objectives: To determine the prevalence and characteristics of those who self-harm and practice HM within a London mental-health trust.

Methods: Electronic health records from 2006-2016 for patients within Camden & Islington NHS trust were included. Keywords such as 'self-harm', 'reduce harm' and 'harm minimisation' were used to search records. Once identified, these were manually screened to identify patients who used HM for self-harm. Patients were matched with a control group that self-harm, but don't use HM techniques, to compare demographics using logistic regression.

Results: 1133 documents were identified and manually coded; 210 of these 146 patients using HM. HM was categorised into four techniques: 'sensation' such as rubber bands (57%), 'process'- using red pens (2%), 'damage reduction' such as the self-injury location (6%), 'damage limitation'- antiseptic techniques (5%) or no details (30%). On comparison to 7242 control patients self-harming, those that practice HM were more likely to be younger (mean age=29.3, p<0.001), female (75% p<0.001), (white ethnicity 73%), employed (25% p<0.001) and have more previous admissions p<0.001.



Conclusions: HM is being used in clinical practice despite the lack of guidelines. Although half of HM described sensation techniques, a third had no details described, demonstrating the lack of clarification without clear guidelines. More research is required to determine the most effective techniques to inform policies and guidelines.

Conflict of interest: No

Keywords: Self-harm; Suicidality; harm minimisation; emotional dysregulation

EPV1446

Demographic, social psychological and risk factors in the dynamic of young suicidal patient

A. Comaniciu^{1*}, L. Muntean¹, L. Lemeti¹ and A. Nirestean^{1,2}

¹Mures County Hospital, Psychiatric Clinic No. 2, Targu Mures, Romania and ²George Emil Palade University of Medicine, Pharmacy, Science and Technology of Targu Mures, Psychiatry, Targu Mures, Romania

*Corresponding author.

Introduction: Suicide should be a global public health concern. It is crucial to identify the risk factors for suicide in order to prevent their effects.

Objectives: There are a lot of variables like demographic factors, social psychological aspects, mental illness, inadequate living environment or life events which can make a patient vulnerable for suicide. The aim of the study is to highlight as many factor as possible predisposing to suicide in young people.

Methods: This is a retrospective study, including 103 patients aged between 16 and 25, who were hospitalized in Targu Mures Psychiatric Clinic No 2. For each of this patients, we took into account the demographic data, then we emphasized risk factors like conflict living environment and family environment, social support, negative life events, alcohol or drugs abuse, mental illness and personality disorders, other associated diagnoses and also we analyzed the suicide attempt methods.

Results: Family conflicts and lack of social support are the biggest triggers for suicide in young people. Borderline personality disorder is the most common in young patients who committed suicide or at least, had suicidal ideation. The most commonly method of suicide was the ingestion of different substances.

Conclusions: Nowadays, suicide in young people is a major problem because the number of cases is constantly increasing.

DEMOGRAPHICS	Harm minimisation group	Control	Univariate analysis OR	p value	Multivariate analysis	p value
Total number	146 (2%)	7242 (98%)				
Age mean (SD)	29.3 (30.1)	40.4 (16.6)	0.96 (0.95-0.98)	<0.001	0.99 (0.97-1.0)	0.09
Gender (F)	109 (75%)	4045 (56%)	2.34 (1.60-3.39)	<0.001	2.79 (1.72-4.50)	<0.001
Ethnicity						
not known	9 (6.2%)	669 (9.2%)	ref			
white	107 (73.3%)	4474 (61.8%)	1.78 (0.90-3.52)	0.1	4.63 (1.36-15.8)	0.01
asian	7 (4.8%)	374 (5.2%)	1.39 (0.51-3.77)	0.52	2.86 (0.59-13.7)	0.2
black	9 (6.2%)	792 (10.9%)	0.84 (0.33-2.14)	0.72	1.65 (0.38-7.06)	0.5
mixed/other	14 (9.6%)	933 (12.9%)	1.12 (0.48-2.60)	0.8	2.69 (0.70-10.22)	0.15
Socioeconomic group						
1	3 (2.1%)	74 (1.0%)	ref			
2	6 (4.0%)	327 (4.5%)	0.45	0.27	0.17 (0.03-1.13)	0.07
3	14 (9.6%)	633 (8.7%)	0.35	0.35	0.47 (0.10-2.0)	0.11
4	49 (33.6%)	2456 (33.9%)	0.49	0.24	0.48 (0.10-2.32)	0.1
5	74 (50.7%)	3752 (51.2%)	0.49	0.23	0.53 (0.08-3.71)	0.08
Employment						
not known	77 (52.7%)	5047 (69.7%)	ref			
employment	18 (12.3%)	311 (4.3%)	3.80 (2.24-6.41)	<0.001	3.63 (1.91-8.89)	<0.001
unemployed	37 (25.3%)	349 (4.8%)	6.95 (4.62-10.4)	<0.001	7.94 (4.83-13.1)	<0.001
long term sick	0	151 (2.1%)	0.76 (0.42-1.36)	0.35	0.64 (0.28-1.4)	0.27
student	1 (<1%)	256 (3.5%)	n/a		n/a	
other (retired/homemaker)	146	7242	0.26 (0.35-1.85)	0.18	0.52 (0.28-1.4)	0.52
Borough						
Out of borough	35 (25.0%)	1327 (18.3%)	ref			
Within Camden and Islington	111 (76.0%)	5915 (81.7%)	0.71 (0.48-1.0)	0.08	0.45 (0.26-0.78)	0.004
HONOS score						
n/a	18 (12%)	0	ref			
2	59 (40.4%)	4098 (57%)	0.62 (0.35-1.08)	0.09	0.70 (0.46-1.08)	0.11
3	53 (36.3%)	2459 (33.9%)	0.92 (0.52-1.62)	0.78	n/a	
4	16 (11%)	685 (9.5%)			n/a	
Previous suicide attempt	16 (11%)	685 (9.5%)	1.2 (0.69-2.0)	0.54		
Number of previous admissions	4.9	2.9	1.1 (1.06-1.13)	<0.001	1.14 (0.62-2.1)	0.67
Marital status						
not known	21 (14.3%)	1069 (14.8%)	REF			
single	105 (71.9%)	4420 (61.0%)	1.21 (0.75-1.94)	0.42	0.82 (0.43-1.57)	0.56
married/cohabiting	7 (4.8%)	786 (10.9%)	0.45 (0.19-1.01)	0.07	0.53 (0.20-1.41)	0.2
divorced	12 (8.2%)	760 (10.5%)	0.80 (0.39-1.64)	0.54	0.84 (0.33-2.10)	0.71
widowed	1 (<1%)	207 (2.9%)	0.24 (0.032-1.83)	0.17	0.47 (0.06-3.96)	0.49

Furthermore, there are new influencing factors like social networks for example and new social psychological aspects that are less investigated, but which represents real dangers.

Conflict of interest: No

Keywords: Suicide; risk factors; young patients; Social support

EPV1448

Identification of groups and factors of suicidal risk for the development of suicide prevention measures in the kyrgyz republic

T. Galako

Kyrgyz State Medical Academy, Psychiatry, Medical Psychology And Drug Abuse Department, Bishkek, Kyrgyzstan

Introduction: "Suicide prevention" is considered to be one of the directions of the Governmental Programme for 2018-2030 regarding protection of mental health. Suicide is a very sensitive topic in Kyrgyzstan. Most of the cases remain unsolved due to the influence of culture, religion and other reasons.

Objectives: The objective of this study is to identify groups and factors of suicidal risk in the Kyrgyz Republic.

Methods: Collecting, statistical processing and analysing of data over the past 10 years from various sources were used.

Results: There has been a decrease in prevalence of both completed suicides (2012 - 9.3, 2018 - 5.9 per 100.000 of the population), and suicidal attempts (2012 - 27.9, 2018 - 16.7 per 100.000 of the population). The analysis revealed that rate of suicides and suicidal attempts remains stably high in 3 provinces - Issyk-Kul, Chuy, Naryn for many years. 67% of suicides are committed by unemployed. The greatest number of suicides are committed by people aged 30-40 years, about 14% of completed suicides - children and adolescents. 23% suicidal attempts are made at the age of 18-24 years. Completed suicides are consistently 4 times more likely to be committed by men, at the same time with a growth trend of suicidal attempts. The predominant way to commit completed suicide is self-hanging (91.6% in 2019), as for suicidal attempts - self-poisoning with about 25% cases using psychotropic and anticonvulsants.

Conclusions: The identified groups and factors of suicidal risk are the criteria for the development of differentiated measures to prevent suicides in Kyrgyzstan.

Conflict of interest: No

Keywords: Suicide prevention; suicide situation in Kyrgyzstan; Groups and Factors of Suicidal Risk; suicidal statistics

EPV1449

A novel approach to identifying causal factors for risk events: applying the hazard and operability study methodology to mental health services.

R. Nathan* and K. Nathan

University of Manchester, Chemical Engineering And Analytical Science, Manchester, United Kingdom

*Corresponding author.

Introduction: Addressing patient safety concerns within mental health services has largely focused on the outcome of investigations of isolated untoward incidents with particular attention paid to addressing case-based putative causal factors. However, it is

increasingly recognised that analysis at the level of single incidents has limited power to identify systemic factors that compromise safety and may lead to recommendations with unanticipated adverse consequences. A hazard and operability study (HAZOP), which has an established track record in industry, is a structured examination of a complex process to identify problems that may lead to hazardous events.

Objectives: The study objectives were to (i) develop a model based on HAZOP principles for examining system-level problems associated with patient safety, and (ii) pilot the model.

Methods: The developed model was tested by piloting it in exploratory discussions with mental health clinicians.

Results: The model involves (i) developing a process flow diagram (patient movement through time within service); and agreeing (ii) nodes (significant activity areas), (iii) design intent (what should happen and why), (iv) deviation (what does happen to increase risk and why), and (v) causes, consequences, safeguard, and actions for each deviation. Factors contributing to risk-outcomes were grouped within the following themes: (a) clinical, (b) resource, (c) service complexity, (d) transactional (i.e. agreement/disagreement between individuals/teams), and (e) cognitive biases (i.e. heuristics influencing clinician decision-making).

Conclusions: The use of the HAZOP approach to explore the causes of risk outcomes in mental health services uncovers causal factors amenable to change which are unlikely to be identified in single case investigations.

Conflict of interest: No

Keywords: risk; safety; investigation; Heuristic

EPV1451

Does physical ill-health increase the risk of suicide? A census-based follow-up study of over 1 million people

D. O'Reilly^{1*}, I. Onyeka², A. Maguire² and E. Ross¹

¹Queen's University Belfast, Centre For Public Health, Belfast, United Kingdom and ²Queens University Belfast, Centre For Public Health, Belfast, United Kingdom

*Corresponding author.

Introduction: It is known that poor mental ill-health is associated with suicide; the relationship between physical health conditions and suicide is unclear.

Objectives: To quantify the relationship between physical health and risk of suicide.

Methods: Data for 1,196,364 adults (aged 18+) were identified from Northern Ireland's 2011 Census records and linked to death registrations 2011-15. Baseline self-reported measures of chronic physical and mental health, and socio-demographic attributes were derived from the census records. Logistic regression was used to construct models to test associations.

Results: About 14% reported 2-or-more chronic physical health conditions and 25% had limitation of their daily activities. 51,672 individuals died during follow-up; 877 due to suicide. The gradient in suicide risk and number of physical conditions disappeared following adjustment for activity limitation. People with activity limitation were about three-times as likely to die from suicide though this was reduced to OR 1.72 (95%CI: 1.35-2.20) with further adjustment for poor mental health. The relationship between activity limitation and suicide was much more pronounced at younger ages (under 60 years) than in those aged 60 years and over.

Conclusions: This study suggests that it is the effect that physical illness has on a person's life, in terms of disruption to daily activity, rather than the number of conditions that predicts suicide risk, though the effects are mainly evident at younger ages. This suggests that improved awareness and better management of the mental wellbeing of people with physical health conditions might help to reduce suicides, especially in younger persons.

Conflict of interest: No

EPV1453

Complicated grief and suicidal behavior: barriers, boundaries and access to mental health treatment

S. Pinto^{1*}, J. Soares¹, A. Silva² and R. Curral²

¹Centro Hospitalar Universitário de São João, Department of Psychiatry, Porto, Portugal and ²Centro Hospitalar Universitário de São João, Department of Psychiatry, Porto, Portugal

*Corresponding author.

Introduction: Complicated grief affects about 7-10% of grieving people, being more frequent in the context of sudden or traumatic death of closer relatives. Suicidal behavior is a complex and multidimensional phenomenon and considered a major cause of injury and death worldwide. It is known that each suicide is associated with about 6 grieving people, with 21% of people worldwide experience suicide during their lifetime.

Objectives: To review the literature regarding the prevalence of complicated grief in suicide survivors, its characteristics and implications, namely the presence of psychiatric comorbidities and suicidal ideation.

Methods: Literature research was performed (PubMed, Embase and PsychInfo) using the terms grief, complicated grief, suicide, suicidal behavior and suicidal ideation. All papers written in English, Portuguese and Spanish were analyzed.

Results: Complicated grief is more frequent in suicide survivors, affecting up to 40% of individuals grieving the death of a close relative. It increases the risk and prevalence of grief associated depression, as well as the appearance of suicidal ideation and suicide attempt. Research has also shown that people grieving from suicide experience high levels of perceived stigma, with an impact on the adjustment process and help seeking behavior. This barrier promotes the development of complicated grief and associated depressive episodes, with marked functional and social impairment.

Conclusions: It is important to approach suicide survivors as a high risk group for the development of complicated grief, depression and suicidal behavior. Access to mental health support and treatment should be facilitated and community interventions to reduce suicide stigma promoted.

Conflict of interest: No

Keywords: complicated grief; Suicide; suicidal behavior; Stigma

EPV1454

Suicidal behavior in the inpatient setting: understanding the phenomenon

S. Pinto^{1*}, A.M. Delgado¹, R. Guedes¹, F. Andrade¹, J. Morais¹, A. Silva², C. Silveira² and R. Curral¹

¹Centro Hospitalar Universitário de São João, Department of Psychiatry, Porto, Portugal and ²Centro Hospitalar Universitário de São João, Department of Psychiatry, Porto, Portugal

*Corresponding author.

Introduction: Suicidal behavior is a complex and multidimensional phenomenon and considered a major cause of injury and death worldwide. Mental illness is the major risk factor for consummated suicide or suicidal behavior. Chronic medical conditions also play a role in suicidal behavior risk. Despite this awareness and statistics, suicidal behavior prevalence remains highly underestimated and the number of consummated suicides is far from real.

Objectives: To study the Clinical and sociodemographic characteristics of individuals admitted for inpatient treatment, due to suicidal ideation/suicide attempt.

Methods: Retrospective observational study of inpatient treatment episodes due to suicidal ideation/suicide attempt between January 1st 2018 and June 30th 2019 in the Psychiatry Service of CHUSJ. Data collected included sociodemographic characteristics and clinical features. Descriptive analysis of the results was performed using SPSS (v.26).

Results: There were 193 admissions for suicidal ideation (59,6%) or suicide attempt (40,4%). Most were female patients, married and unemployed, with an average age of 45,8 yo. Eighty-three percent had a previous diagnosis of psychiatric illness, mainly ICD-10 F30-F39 category (Mood disorders). Fifteen percent had history of chronic medical conditions (neurologic, neoplastic or infectious). The main autolytic method was voluntary prescription drug intoxication (25,6%), followed by stabbing injury. The most frequent diagnosis at discharge was F43.2 (Adjustment Disorder).

Conclusions: It is important to acknowledge the characteristics of people who present suicidal behaviors, in order to improve prevention plans, especially in community settings. Action should be taken in order to improve mental health care and quality of life.

Conflict of interest: No

Keywords: Suicide; inpatient; psychiatric disorder; Prevention

EPV1455

The association between COMT RS4818 polymorphism and suicidality in schizophrenia

Z. Madzarac¹, M. Sagud^{2*}, L. Tudor³, A. Mihaljevic Peles² and N. Pivac³

¹University Hospital Centre Zagreb, Psychiatry, Zagreb, Croatia;

²School of Medicine, University of Zagreb, Psychiatry, Zagreb, Croatia and

³Rudjer Boskovic Institute, Laboratory For Molecular Neuropsychiatry, Division Of Molecular Medicine, Zagreb, Croatia

*Corresponding author.

Introduction: While the relationship between catechol-O-methyltransferase (COMT) gene polymorphisms and suicidality was reported in several psychiatric disorders, there is no data for schizophrenia.

Objectives: Given the high prevalence of both dopamine abnormalities and suicidal behavior in schizophrenia, we aimed to investigate the association between COMT rs4680 and rs4818 polymorphisms and suicidality in schizophrenia.

Methods: In this cross-sectional study, patients were evaluated using structured interview for the Positive and Negative Syndrome Scale (PANSS). The severity of negative symptoms was evaluated by the Clinical Assessment Interview for Negative Symptoms

(CAINS). Heaviness of nicotine dependence was rated by The Fagerström Test for Nicotine Dependence (FTND). The presence or absence of a previous suicide attempts was assessed.

Results: Among 302 biologically unrelated Caucasian patients with schizophrenia (58,9% males, median age 42 years), 68 had previous suicide attempts. The frequency of COMT rs4818 GG genotype among respondents with positive suicide attempt history was almost twice as high, compared to patients without previous suicide attempts (25% vs 13.7%) ($\chi^2=0.026$). No other differences in terms of suicidality were found in the distribution of either COMT rs4680 genotypes or haplotype analysis. Of note, patients with positive suicide attempt history had higher FTND ($p=0.002$) and CAINS vocational functioning subscale ($p=0.020$) scores, than those without previous suicide attempts.

Conclusions: In patients with schizophrenia, the presence of previous suicide attempts was associated with the high-activity COMT rs4818 AA genotype, the severity of nicotine dependence and vocational dysfunction.

Conflict of interest: No

Keywords: schizophrenia; Suicidality; COMT

EPV1456

Suicide statistics: do we believe them?

J. Snowdon

Sydney University, Psychological Medicine, Sydney, Australia

Introduction: Under-reporting, misclassification and under-counting of suicides are widespread around the world. The World Health Organization publishes estimates of national suicide rates which may differ substantially from those reported by the countries themselves. When comparing suicide rates there is good reason to seek out and evaluate reported rates of so-called 'hidden suicides'.

Objectives: To examine and compare changes in mortality statistics provided by selected countries concerning deaths attributed to suicide, Event of Undetermined Intent, non-transport accident, and ill-defined or unknown cause.

Methods: On-line data from official national statistics offices and the World Health Organization were downloaded in order to compare rates of suicide and of deaths where the intent or cause remained ill-defined or uncertain, between countries and over time.

Results: The United Kingdom reports low (recently escalating) suicide rates, but relatively high rates of "undetermined deaths" (3 to 5 per 100,000). Rates in European nations can be compared. There were abrupt, substantial and lasting reductions in "undetermined death" rates in France (in 2000), the United Kingdom (2007), and Germany (2011); Spain reports a rate of 0.2 per 100,000. Deaths coded as "natural" but of ill-defined or unknown cause have been given little attention when discussing potential havens for "hidden suicides". Australia reported recent death rates per 100,000 as follows: suicide 12.9, "undetermined intent" 0.8, ill-defined or unknown cause 4.2, and non-transport accident 6.6.

Conclusions: National reports concerning changes in suicide rates commonly fail to mention or discuss reasons for inaccuracies resulting from misclassification (mis-coding) of causes of death. Variations between countries need analysis.

Conflict of interest: No

Keywords: suicide rates undetermined cause Europe longitudinal

EPV1458

Suicide in a HIV-infected adult population cared at a Chilean public hospital: an appraisal of the issue

C. Wolff Levy^{1*} and M. Wolff²

¹Universidad Mayor /Universidad de Santiago, Departamento De Psiquiatria, Santiago, Chile and ²Universidad de Chile, Departamento De Medicina Interna, Campus Sur, Santiago, Chile

*Corresponding author.

Introduction: Incidence of suicide in HIV- infected people (HIP) has been reported as greater than in the general population (GP) (with wide range, 3-66 folds). In Chile 1800 suicides occur annually, 11.7×10^5 (19 in men, 4.4 in women). Rate in HIP has not been studied, nor its characteristics

Objectives: To evaluate the frequency of suicide of an adult HIP cared for in a public HIV center in Santiago, Chile

Methods: Restrospective observational unicentric study of causes of death according to local database and death certificates from the national registry in patients enrolled in the center from Jan/1/1991-Aug/31/2019

Results: Out of 7709 HIP from the center, 1384 had died in the study period (18%); accurate data of cause of death was obtained from 933 (67%). We found 15 cases of suicide (1.6% of all causes of death with proper data), all male. Average age at death was 40 years (range 27-67), 13 cases died from hanging (87%), 2 (13%) from jumping and in 1 the method could not be determined. Median from HIV diagnosis to death from suicide was 6,6 years (range <1- 17).

Conclusions: Suicide as cause of death in this population has probably been underestimated, both due to lack of proper data and subregistry in death certificates. Main suicide method (hanging) is the same as that in the Chilean GP. Noteworthy to highlight is that most cases occurred in young males, years after HIV diagnosis. A more comprehensive evaluation of the issue is needed to understand suicide in this population and prevent its occurrence

Conflict of interest: No

Keywords: Chile; Suicide; HIV; AIDS

EPV1460

Suicidality in schizophrenia, delusional disorder, schizoaffective disorder and first-episode of psychosis: a systematic review

A. Álvarez Pedrero*, A. Guàrdia Delgado, A. González-Rodríguez, M. Betriu, I. Parra, J.A. Monreal, D. Palao Vidal and J. Labad

Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT, Mental Health, Sabadell, Spain

*Corresponding author.

Introduction: Suicide is one of the leading causes of death among people with psychotic illness.

Objectives: Our goal was to investigate the frequency of suicidal ideation, suicide attempts and completed suicide in four groups of psychotic disorders.

Methods: A systematic review was performed using Scopus and Pubmed databases (1990-2018) according to the PRISMA directives. Relevant papers on the field were also identified through other sources. Search terms: suicidal OR suicide AND prevalence OR incidence AND "delusional disorder" OR schizoph* OR schizoaff*

OR psychosis OR psychotic. Inclusion criteria: studies in English, German, French or Spanish reporting the frequency of suicidal ideation, suicide attempts and completed suicide in samples of delusional disorder, schizophrenia, schizoaffective disorder or first-episode of psychosis (DSM, ICD).

Results: A total of 4081 abstracts were retrieved (Pubmed: 2057; Scopus: 2004; Other sources: 20). After screening and selection processes, 170 studies fulfilled our inclusion criteria. After duplicates were eliminated, 144 records were selected: Schizophrenia (n=101), schizoaffective disorder (n=8), delusional disorder (n=6) and FEP (n=29). (A) Schizophrenia: suicidal ideation, n=16 studies (Range: 7.7-49.28%); suicide attempt, n=62 (Range: 7.45-77.5%); completed suicide, n=46 (Range: 0.18-48.6%). (B) Schizoaffective disorder: suicide attempt, n=6 (Range: 11.9-50%); completed suicide, n=2 (Range: 1.7-21.4%). (C) Delusional disorder: suicidal ideation, n=3 (Range: 19.3-31.8%), suicide attempt, n=4 (Range: 0-20.93%), completed suicide, n=2 (Range: 0-6.17%). (D) FEP: suicidal ideation, n=6 (Range:10-64.5%); suicide attempt, n=19 (Range: 5.6-53%); completed suicide, n=14 (Range: 0.35-4.9%).

Conclusions: Patients with schizophrenia showed the highest rates of suicide attempts and completed suicide compared to other groups. Rates of completed suicide were lower in delusional disorder and FEP groups.

Conflict of interest: No

Keywords: Delusional disorder; schizophrenia; Suicide; psychosis

EPV1462

Suicide attempt as first manifestation of first-episode psychosis.

A.M. Carvalho* and J. Maia

Leiria Hospital Center, Psychiatry And Mental Health Department, Leiria, Portugal

*Corresponding author.

Introduction: Studies indicate that prior to the development of overt psychosis there is a prodromal stage characterized by the presence of tenuous psychotic symptomatology and/or deterioration in psychosocial functioning. 20%-35% of patients aged 12-35 years in the prodromal phase progress to frank psychotic episode within 2 years. Identification and treatment of these patients may prevent/delay progress and promote recovery.

Objectives: Gather a set of theoretical conceptions about the manifestations of a first-episode psychosis.

Methods: Analysis of the patient's clinical process and brief literature review, based on a search for scientific articles published in PubMed.

Results: A 22-year-old male patient with no psychiatric history was brought to the Emergency Room following parasuicidal behaviour with pesticides. He was hospitalized for 10 days, discharged with sertraline 50mg, trazodone 100mg and alprazolam 0.5mg and referred to a Psychology consultation. After a week, he made another suicide attempt with bleach and car antifreeze. In both episodes, he denied precipitating factors and death intent "I'm being tempted by someone to behave this way, which I don't identify with. I feel like someone else". He said he felt anxious, "lost", with emotional instability and feelings of insecurity in the face of simple tasks.

Conclusions: This case report reinforces the importance of valuing behavioural changes/symptoms suggestive of the presence of a first-episode psychosis. Diagnosis during the prodromal stage improves

outcomes. There are tools to assist in detecting individuals at high risk for progression to psychosis. Despite much research, evidence on the effectiveness of treatments available to reduce this risk remains preliminary.

Conflict of interest: No

Keywords: prodromal stage; Suicide; first-episode psychosis; psychosis

EPV1465

Suicide in children and adolescents: a tunisian perspective from 2009 to 2017

J. Mannai^{1*}, A. Mosbahi², W. Majdoub² and E. Turki²

¹CHU IBEN EL JAZZAR, Psychiatry, kairouan, Tunisia and ²CHU Iben EL JAZZAR, Forensic Medicine, kairouan, Tunisia

*Corresponding author.

Introduction: Suicide is defined as "all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce death. In Tunisia, little data are available about the epidemiology and the characteristics of suicide, mainly because of the absence of official statistics

Objectives: The aim of this study was to analyze the epidemiologic, social, and forensic aspects of children and adolescents who ended their lives by committing suicide and were living in Kairouan, (Tunisia).

Methods: Data were collected from autopsy records of the Forensic Department of the University Hospital Ibn El Jazzar of Kairouan. General characteristics of suicides among children and adolescents (under the age of 18) between 2009 and 2017 were retrospectively reviewed

Results: total of 65 cases, with a female predominance (64.2%) and a mean age of 15.7 ± 3.2 , were registered. Most of the victims were from rural areas (94.1%). In most cases, suicide occurred in the victim's home or the surrounding area (76.4%). The identified precipitating factors were family problems in 62.3%, and school issues in 14.2%. The most common suicide method was hanging (71.27%) for both genders, followed by self-immolation for males and poisoning for females, the majority using pesticides

Conclusions: This study offers useful information to understand the risk factors in Tunisian child and adolescent suicides and provides a basis for the development of urgently needed preventive strategies.

Conflict of interest: No

Keywords: 271181

Training in psychiatry

EPV1468

Difficulties in assessing mental illness stigma in medical students.

A. Callizo Silvestre^{1*}, A. Martín Jimenez² and A. Moreno Pérez²

¹Área de gestión clínica de psiquiatría y salud mental del Hospital Universitario Príncipe de Asturias (HUPA) -, Centro De Salud Mental Francisco Díaz. AlcaláDe Henares (Spain), Alcalá de Henares, Spain and ²Área de gestión clínica de psiquiatría y salud mental del Hospital

Universitario Príncipe de Asturias (HUPA) –, Hospital Universitario Príncipe De Asturias, Alcalá de Henares, Spain

*Corresponding author.

Introduction: Stigma towards people affected with mental illness is a severe social and health problem. Determine and assess attitudes towards psychiatry and mental illness in medical students can contribute to establish policies and Med-Ed programmes that could decrease stigma among the future physicians.

Objectives: To assess the stigma towards mental illness and psychiatry in medical students prior to the beginning of the psychiatry clerkship To determine implicit attitudes and logics that lies behind stigmatizing cognitions To assess students expectations towards clinical clerkship in psychiatry.

Methods: Self-administered validated questionnaires: CAMI (Community attitudes toward Mental Illness) and Balon Attitudes towards psychiatry. Self-administered questionnaire with three open answer questions regarding attitudes and beliefs about Mental health, clerkship expectations and other information like previous experiences with mental illness.

Results: Both validated questionnaires showed a low score in stigmatizing attitudes and a homogeneous results among the student group. However, the free-answer questionnaire showed certain logics and stigmatizing attitudes that could not be assessed with quantitative tools, e.g. fear when in front of a schizophrenic patient, uncertainty sensation or more need of establishing emotional distance.

Conclusions: Assessing stigma through quantitative approach could lead to losing some implicit cognitions and logics that can not be registered properly with multi-response test. Since certain opinions and attitudes can be considered discriminatory, consequently it is likely that respondents' answers are influenced by social desirability concerns. Qualitative approaches allows the students to develop its own narrative about their ideas about mental health, contributing to deepen in the characterisation of the student-patient relationship in Mental Health.

Conflict of interest: No

Keywords: Stigma; medical students; mental health; Qualitative Research

EPV1469

A pre-project survey for use of a social media platform for trainee psychiatrists across 5 mental health trusts in UK

S. Matheiken^{1*} and R. Runciman²

¹EAST LONDON NHS FOUNDATION TRUST, Fountains Court, BEDFORD, United Kingdom and ²Gloucestershire Health and Care NHS Foundation Trust, Weavers Croft, Stroud, United Kingdom

*Corresponding author.

Introduction: The Psychiatry training programs for doctors in UK is overseen by geographically divided Deaneries, which have different Mental Health Trusts within them who are the employer for the trainees. This brings challenges in having a platform where trainees can discuss training matters, events, academic discussions, educational queries etc beyond what is available at a Trust level. Under the Psychaitric Trainees Committee of the Royal College of Psychiatrists, it was planned that Workplace (by Facebook) App will be piloted in 2 Deaneries across UK.

Objectives: 1. To assess current status in trainee engagement and which platforms are being used. 2. To assess the interest in using planned App as a pilot 3. To understand for what purposes trainees would want to use this

Methods: A 6 question survey was created and circulated across 4 Trusts by email via the Head of School.

Results: 28 responses were received from 110 trainees The most commonly used platform for communication was Whatsapp (96%) but this was limited to each Trust's trainees. 81% felt it would be useful to have such an App as a common platform. 96% felt this could be used for sharing opportunities, events, grants etc. 82% felt this could be used to find out about various special interest sessions available to higher trainees.

Conclusions: Given that the average response rate for surveys is 30-40%, the response rate is not surprising. We hope that the pilot (that is now active) will improve trainee engagement and enhance trainee experience while using a secure platform which adheres to GDPR.

Conflict of interest: No

Keywords: psychiatrists; online platform; engagement

EPV1470

On psychoeducation and psychosomatics

M. Michailov^{1*}, E. Neu², H.W. Bauer³, A. Hofstetter⁴, E. Weisenbacher⁵ and G. Weber⁶

¹Inst. Umweltmedizin (IUM) c/o ICSD/IAS e.V. POB 340316, 80100 Muenchen, Germany (Int. Council Sci. Develop./Int. Acad. Sci. Berlin-Innsbruck-Muenchen-NewDelhi-Paris-Sofia-Vienna), Pharmacophysiology, Muenchen, Germany; ²Inst. Umweltmed. c/o ICSD e.V., Pharmacophysiology, München, Germany; ³Univ. München & Free Univ. Berlin, Med. Fac., München, Germany; ⁴Univ. München, Klinikum Großhadern (dir.a.d.), München, Germany; ⁵Univ. München Med. Fac., & Premium Med. Clinic (dir.), München, Germany and ⁶Univ. Lxbg. & Vienna, Fac. Psychology (ex-dean), Vienna, Austria

*Corresponding author.

Introduction: Psychoeducation of medical personnel&patients is essential for therapy&prophylaxis in psychiatry and all medical-disciplines. Psychopathology includes high complex interaction of psychic-physiological-social factors. New models for psychiatry incl. psycho-somatic (Th.v.UEXKÜLL) and somato-psychic theories (Y.IKEMI) conc. feedback-mechanisms are necessary.

Objectives: Practices of occidental/oriental medicine (patients/probands). Evaluation of psychic-"polar-attitude-list"/physiological-parameters: heart-rate, blood-pressure,etc. (p<0.05-0.01,n=145;ref.).

Methods: References: 1.Psychiatry: WPA-2019-Lisbon (19-1822,-1839,-2137); 2018-Mexico-City (WCP18-0584,-0654,-0643); 2011-Buenos-Aires, Abs.-Book (AB):PO1.200. EPA-2018-Nice, Eur. Psychiatry 48/S1, S636&S567. 2.Psychosomatics: ICPM-2017-Beijing, AB:ID: 648493,648895,648749,648878; 2011-Soul, AB:189; 2005-Kobe, J.Psychosom.Res. 58:85-86. 3.Psychology: EFPA-2019-Moscow, AB-p.1520,1530,1549; 2009 Oslo, AB:55-56. IUPsyS-2012-Cape-Town, IntJPsychol 47:407; 2008-Berlin, 43/3-4: 154,248,615,799; 2004-Beijing, AB:49,587. 4.Physiology: IUPS-2017-Rio-de-Janeiro, AB:No. 997,999,1001,1003; 2009-Kyoto. J.Physiol.Sci., 59/S1:168&214&447-8. FEPS-2018-London-Euro-physiology, AB:p.334P-337P 5.Radiooncology: ISIORT 2014 Cologne AB; 2008 Madrid REV CANCER 22/S:10-11/29-30; 1998 Pamplona RevMedUnivNAVARRA XLII/S:P-34/P-35/P-31.

Results: Observations about music[1], respiratory[2], physical [3] therapies demonstrate strong positive effects. The 3 therapies have specific effects, e.g. items “relaxed/tranquil” after [2] (+45/50%) & [1] (+20/5%), also “open” after [1] (+25%) are positive, but item “active/open” after [2] negative (-25/20%). Correlation with positive physiological parameters, e.g. heart/respiratory-frequency decreased 25-30%. Voluntary apnoea after [2]/inspiration was significantly prolonged: 1week training by $21.3 \pm 9.9\%$ ($37.2 \pm 8.3 \Rightarrow 45.2 \pm 10.6$ sec; $n=11, p<0.002$), 2 weeks: $52.4 \pm 6.9\%$ ($36.8 \pm 10.8 \Rightarrow 54.0 \pm 21.6$ sec; $n=11, p<0.02$). Change in time of apnoea after 3months training in some subjects was extremely high, e.g. $30 \Rightarrow 131$ sec, $43 \Rightarrow 115$ sec.

Conclusions: Psychosomatic therapy incl. occidental-oriental (yoga/tai-chi/Zen,etc.) could counteract psychic disorders. Different methods are with preference: for depression is suitable respiratory/physical-training (activation), e.g. in psychooncology, for mania: music-therapy (inhibitory-effect), for epilepsy: respiratory-therapy - hypo-/hypercapnia: inhibitory/excitatory effects on CNS-structures. Systematic research about psychosomatic therapies in psychiatry could support UNO-Agenda21 for better health-education,etc. on global level.

Conflict of interest: No

Keywords: UNO-Agenda 21; psychoeducation; psychosomatics; psychooncology

EPV1471

Migration momentum in macedonia for early career psychiatrists

M. Milutinović^{1*}, G. Kalpak¹ and M. Pinto Da Costa²

¹University Clinic of Psychiatry Skopje, Department For Affective Disorders, Skopje, North Macedonia and ²Queen Mary University of London, Unit Of Social And Community Psychiatry, London, United Kingdom

*Corresponding author.

Introduction: Across Europe there is a high number of early career psychiatrists that have ever considered moving to another country, especially from the East and South, to the West and North. Within Eastern Europe, workforce migration is widespread. However little is known about migration of health professionals at an early career stage, and the variations of these migratory flows across Eastern European countries.

Objectives: To identify experiences and attitudes towards international migration among early career psychiatrists (ECP) in an Eastern European country: Macedonia.

Methods: An online survey was conducted among early career psychiatrists from Macedonia as part of the Brain Drain Research study.

Results: All early career psychiatrists were surveyed across Macedonia. The majority has ‘ever’ considered moving and living abroad. Regarding taking ‘practical steps’ towards migration only a quarter took action. In Macedonia few ECPs had ever had a long-term migratory experience or a short-term mobility experience. Financial was an important reason for ECPs to leave and personal a key reason for ECPs to stay. Looking five years into their future, less than half believed they would be working in Macedonia, whereas the others think they will be working abroad or are still contemplating.

Conclusions: Many ECPs in Macedonia have considered moving to another country, especially for financial reasons. These findings

call to improve ECPs status in the country, and help to better understand the social and demographic variations across Europe that may play a role in these migratory flows.

Conflict of interest: No

Keywords: Early Career Psychiatrists; migration; brain drain; Macedonia

EPV1473

Case reporting as a tool for learning and teaching

R. Wynn* and T. Nissen

UiT The Arctic University of Norway, Clinical Medicine, Tromsø, Norway

*Corresponding author.

Introduction: The clinical case report is a scientific genre that has a long tradition in psychiatry. In recent years, it has become revitalised, in part because of the possibility to publish in online open access journals. While many cases are chosen because of their scientific content, we focus here on their educational value.

Objectives: To briefly present the genre of the clinical case and discuss its value as a tool for the learning and teaching of clinical psychiatry.

Methods: We discuss how the medical case history can be used in the learning and teaching of clinical knowledge.

Results: A clinical case report will typically contain a brief presentation of a patient’s medical history and focus on an illness or a phenomenon of clinical interest. As case reports share many similarities with clinical work in structure and content, they represent an important avenue for clinical learning. By writing up a case report, clinicians may achieve a better understanding and overview of the diagnostic process and the patient’s treatment. Writing case reports with colleagues may also enhance cooperation and learning across clinical specialities. While all can benefit from working with case histories, it may be especially interesting for novice clinicians to take advantage of the learning opportunities that lie in collaborating with more senior clinicians and clinicians representing different specialities.

Conclusions: By working out case reports clinicians may be given the opportunity to better understand the challenges and complexities of individual patients. Clinical case reporting may therefore represent an important avenue for learning and teaching clinical psychiatry.

Conflict of interest: No

Keywords: case history; teaching; learning; case reporting

EPV1479

Ethical reasoning learning sessions among tunisian medical students: a satisfactory survey

L. Sahli¹, Y. Zgueb², U. Ouali², S. Ayedi^{2*}, R. Jomli² and F. Nacef²

¹Razi Hospital, Psychiatry Department ‘avicenne’, Manouba, Tunisia and ²Razi Hospital, A “avicenna” Department, Tunis, Tunisia

*Corresponding author.

Introduction: Ethical reasoning learning sessions are an educational method used to teach medical Ethics.

Objectives: The aim of our study is to evaluate the educational interest of this method by medical students.

Methods: A multicenter study was conducted among medical students enrolled in the third year of the Second cycle of medical

studies in two departments : Intensive Care department in La Rabta Hospital in Tunis, Tunisia and Psychiatry department 'Avicenne' in Razi Hospital, Manouba, Tunisia). Participants attended an ethical reasoning lesson relating to different themes according to the department and the speciality. At the end of the session, a satisfaction questionnaire was handed to participants in order to assess their perceptions regarding the session.

Results: Nineteen students consented to participate to our study (12 from Psychiatry department and 7 from Intensive care department). The ethical reasoning learning session was focused on two themes: Limiting life sustaining therapies and the management of acute mania in bipolar 1 disorder. The entire group perceived the ethical reasoning learning as an educational approach addressing ethical issues relevant to everyday practice. The group was not satisfied about the number of ethical reasoning learning sessions during their externship. The interaction during the course of the session was considered very satisfactory in 15 students. The ethical reasoning learning was considered the preferred pedagogical approach for ethical reasoning by all students.

Conclusions: The ethical reasoning learning sessions are very appreciated by medical students. The multiplication of these sessions is recommended by all students.

Conflict of interest: No

Keywords: Reasoning; ethics; medical student; Pedagogy

EPV1480

How to learn obsessive compulsive disorder by simulation?: A tunisian experience

L. Sahli¹, Y. Zgueb², U. Ouali², S. Ayedi^{2*}, A. Jlidi², R. Jomli² and F. Nacef²

¹Razi Hospital, Psychiatry Department 'avicenne', Manouba, Tunisia and ²Razi Hospital, A "avicenna" Department, Tunis, Tunisia

*Corresponding author.

Introduction: Assessment and management of obsessive compulsive disorder can be difficult and challenging for medical students. **Objectives:** The aim of this study is to describe the subjective experiences and feedback of Tunisian medical students who participated in a teaching technique using simulation to learn obsessive compulsive disorder (OCD).

Methods: Medical students enrolled in the third year of the second cycle of medical studies participated to our study. Initially, students role-played as clinician and one psychiatric resident role-played as a patient with OCD. The role play was followed by a debriefing session to describe and analyse the role play. At the end, participants were handed questionnaires to evaluate the whole session and their learning experience.

Results: Twenty-four students participated to our study. 50% of the students found it very difficult to perform the role play. Among them, 75% felt that the debriefing session was of great interest. Eighteen students (75%) reported that role play is very helpful in acquiring theoretical knowledge and principles of the management of OCD. Twenty-one students (87.5%) indicated that role play simulation should be integrated in the medical education program. The entire group reported that role play should be continued as a teaching method in Psychiatry.

Conclusions: The study shows that role play simulation in OCD, a challenging pathology, was valued by medical students as a useful learning method and should be integrated in the medical education program.

Conflict of interest: No

Keywords: simulation; obsessive compulsive disorder; medical student; Training

EPV1481

Motivation in residents. Reasons why physicians, psychologists and nurses choose to train and work in mental health

D. Carracedo Sanchidrián^{1*}, A. Cano Arenas² and D. Hernández-Calle¹

¹Hospital Universitario la Paz, Mental Health, Madrid, Spain and

²Universidad Pontificia de Comillas, Unidad De Intervención

Psicosocial, Madrid, Spain

*Corresponding author.

Introduction: In Spain there are 51 health training specialties considering medicine, nursing and psychology. The decision to work as a mental health professional may be motivated by different reasons. These motivations could have to do with job satisfaction, future expectations and personal fulfillment

Objectives: Analyze the motivations of residents to train and work in mental health.

Methods: A survey of 777 residents of medicine, psychology and nursing of the national health system of Spain was conducted. Of these, 173 belonged to psychiatry, clinical psychology and mental health nursing. In it, in addition to sociodemographic variables, the motivations for choosing a mental health specialty were asked. The options were: vocational, economic, social prestige, altruism, family tradition, good academic record, curiosity, scientific interest and intention to investigate. It was possible to select more than one option.

Results: In doctors, the main motivations for choosing mental health were vocational (65%), altruism (56%) curiosity (47%) and scientific interest (47%). The least frequent was intention to investigate (10%). In nurses, the main motivations were vocational (70%), altruism (48%) and curiosity (43%). The least frequent was intention to investigate (5%). In psychologists, the main motivations were vocational (92%), curiosity (51%) and altruism (48%). The least frequent were family tradition (2%) and intention to investigate (4%).

Conclusions: The main motivation is in all cases vocational. This could suggest good job satisfaction and personal fulfillment. Although curiosity and scientific interest are also frequent, the motivation to investigate is one of the lowest in the three professions.

Conflict of interest: No

Keywords: Motivations; mental health; Training; Residents

EPV1484

Differences in burnout prevalence between mental health professionals working in an emergency psychiatric unit and general population: a cross-sectional survey

M. Ladea^{1,2*}, M.R. Patrascu², M. Bran³, A. Sofia^{1,2} and T. C. Ionescu^{1,2}

¹University of Medicine and Pharmacy "Carol Davila", Psychiatry, Bucharest, Romania; ²Alexandru Obregia Clinical Hospital,

Department 3, Bucharest, Romania and ³Coltea Hospital Bucharest, Psychiatry, Bucharest, Romania

*Corresponding author.

Introduction: According to the World Health Organization, since 2019, burnout has been an official workplace syndrome. The ICD classifies burnout as a „factor influencing the health status”.

Objectives: The aim of this study is to investigate the prevalence and associated factors of burnout risk among mental health professionals who work in psychiatric departments. Simultaneously, a self-administered questionnaire was made available online, as part of an awareness campaign. Investigating the differences between the two groups was the main objective of the study.

Methods: We used Burnout Self-Test, a tool to self-assess for evaluating the risk of burnout. The questionnaire consists of 15 items with 5 alternative answers rated from 1 to 5. Score interpretations consist of 5 areas of intensity.

Results: The test was completed by 167 Mental Health Professionals (67% females), aid workers in acute psychiatric units, and on the other hand by 6238 online users. Prevalence of burnout varies between the two groups: among Mental Health Professionals, 12.84% associated severe risk of burnout and 9.17% very severe risk, while, among general population, 6.76% associated severe risk of burnout and 5.62% very severe risk.

Conclusions: Prevalence of burnout is significantly higher among mental health professionals. Severe risk of burnout syndrome is associated with concerns regarding politics and bureaucracy (average score 2,75/5) or the quantity and the ability of work report (average score 2,45/5). Furthermore, it was found that it was not the individual work experience that was important in determining burnout, but the mean work experience of the administrative staff.

Conflict of interest: No

Keywords: bureaucracy; administrative stuff; Burnout; Mental Health Professionals

Women, gender and mental health

EPV1485

Role of female sex hormones on cognitive functions in schizophrenic women

R. Amer^{1*}, E. Ramadan¹, H. Morad² and G. Shama¹

¹Faculty of Medicine/ Tanta University/ Egypt, Psychiatry And Neurology Department, Tanta, Egypt and ²Faculty of Medicine/ Tanta University/ Egypt, Clinical Pathology Department, Tanta, Egypt

*Corresponding author.

Introduction: Cognitive impairment is considered to be the core feature of schizophrenia, since it is strongly related to the predictive functional outcomes. The female sex hormones have been hypothesized as playing a vital role on the cognitive functions.

Objectives: To study the relationship between the levels of female sex hormones and cognitive functions in schizophrenic females. In addition, the relationship between the level of these hormones and psychopathological symptoms were evaluated.

Methods: Fifty schizophrenic females patients compared with 25 control females were incorporated in this study. Psychiatric symptoms rating scale and serum levels of females sex hormones

in three consecutive weeks were evaluated parallel to neuropsychological tests that assess cognitive domains (executive function, verbal memory, spatial memory and attention).

Results: There were statistically significant differences between patients and control groups regarding all studied cognitive domains. The control group had better performance in all phases of menstrual cycle when compared to patients group. In the patients group, serum estradiol levels had direct significant correlation with the cognitive domains, while serum prolactin levels had significant inverse correlation with cognitive domains.

Conclusions: The increased estradiol level was correlated with better performance in different cognitive scales among patients group, which give an important implication for the usefulness of adjuvant hormonal therapy in treating schizophrenic women in the future.

Conflict of interest: No

Keywords: schizophrenia; women; sex hormone; cognitive functions

EPV1488

Factors associated with psychiatric morbidity in female medical doctors in kwara state, north-central, nigeria

O. Buhari^{1*} and A. Ogunmodede²

¹University of Ilorin, Department of Behavioral Sciences, Ilorin, Nigeria and ²university of Ilorin Teaching Hospital, Ilorin, Department of Behavioral Sciences, ilorin, Nigeria

*Corresponding author.

Introduction: The female doctor apart from being affected by the same variables that impose stress on the general population is also prone to stress because of the peculiarities of medical practice and by virtue of their gender.

Objectives: This study was aimed at assessing the personal, work-stress as well as family related factors in female doctors associated with psychiatric morbidity in female doctors in Kwara state.

Methods: This was a cross-sectional study involving female medical doctors in Ilorin, Kwara State, North-Central, Nigeria. Questionnaires were administered to the Members of the state Chapter of the Medical Women’s Association of Nigeria (MWAN) who were present at the general and scientific meeting of the association held in Kwara state in June 2018. A self administered semi-structured questionnaire designed to assess biodata, personal history, work related stress, family related history and self-care history of the participants as well as the 12 item general health questionnaire (GHQ-12) was distributed to 80 participants that consented.

Results: The prevalence of 23.8% psychiatric morbidity found. Age, relationship with co-workers, feelings of frustration and anger at work, reconsidering a change in work environment, views of negative effect of stress on work as well as access to a maternity leave were found to be associated with psychiatric morbidity.

Conclusions: These findings underline the need to pay attention to the welfare of female doctors and a need for routine evaluation, early identification and prompt intervention as well as support.

Conflict of interest: No

Keywords: female doctor; factors; associated; psychiatric morbidity

EPV1489

Pseudocyesis: a case of an almost forgotten disorder

M. Derganc* and A. Pirtovsek Savs

University Psychiatric Clinic Ljubljana, Ckp, Ljubljana, Slovenia

*Corresponding author.

Introduction: INTRODUCTION: Pseudocyesis, a false belief of being pregnant associated with actual signs of pregnancy, has been observed and documented since antiquity. It should be distinguished from delusions of pregnancy with usually schizophrenic patients where signs of pregnancy are not demonstrably present. The rate of pseudocyesis in the western world has declined significantly in the past century and is therefore seldom a subject of professional debate.

Objectives: (Case report)**Methods:** (Case report)

Results: CASE REPORT: A 37-year-old woman with a history of tree miscarriages was admitted to our clinic for the first time. Upon admission she claimed that she was pregnant and that no one believed her. She told that she had met a perfect guy and that they had an unprotected intercourse. She was feeling pregnant – she lost her period, her breasts and belly became swollen, she was eating just yogurts and fruits, she experienced nausea and sensations of baby's movement. She made a urine pregnancy test and it was positive. Her gynaecologist said that she was just obese since ultrasound examination and blood tests were negative. She received risperidone and quetiapine and her belief that she was pregnant subsided. Psychological examination revealed borderline intellectual functioning. After two years of outpatient treatment she is still stable.

Conclusions: CONCLUSIONS: Cultures that place high value on pregnancy or make close associations between fertility and a person's worth, still have higher rates of pseudocyesis. However, pseudocyesis has become a rarity in the developed countries which makes it all the more interesting to observe.

Conflict of interest: No**Keywords:** miscarriage; borderline intellectual functioning; pseudocyesis

EPV1492

Case report of treatment resistant postpartum psychosis as a possible manifestation of schizophrenia.

A. Kočāne

SLC Hospital Gintermuiza, Psychiatry, Jelgava, Latvia

Introduction: Postpartum psychosis (PP) is a rarely diagnosed condition with prevalence 0.1%-0.2% (Spinelli, 2009). PP may be a manifestation of schizophrenia, but the prevalence of schizophrenia in early-onset PP has been reported to be low in many studies: 3.4%-4.5% (Kumar, 1994).

Objectives: This case report describes a first-time postpartum psychosis with resistance to antipsychotics and partial symptom remission with clozapine, possibly leading to schizophrenia.

Methods: Ms. D. is a 26 y.o. primiparous, primigravid woman with no psychiatric history, who delivered a healthy boy on 9th of June 2019. One week after labour she started to behave strangely, had insomnia, was talking to herself, was agitated and had auditory hallucinations. Her behaviour was disorganized, purposeless,

confusing, she neglected the newborn. She was hospitalized in acute psychiatric ward on 19th of June 2019. Physical and neurological examination revealed no abnormalities and she was diagnosed with postpartum psychosis.

Results: She received antipsychotics (olanzapine, haloperidol, quetiapine) and benzodiazepines but there was no significant improvement in her status. Clozapine was added to the treatment. In a few days the mental status of the patient improved – the patient was calmer, was sleeping, started to express some concern about her child, did not express delusions or hallucinations.

Conclusions: Nevertheless the patient had residual symptoms: flattened affect, volitional problems, concentration problems and formal thought disorder – slight derailment, all possibly manifesting the start of schizophrenia. After discharge Ms. D. was recommended to attend outpatient psychiatry services. Postpartum psychosis patients should be monitored closely to prevent further psychotic episodes or progression of schizophrenia.

Conflict of interest: No**Keywords:** clozapine; postpartum; psychosis

EPV1493

Egg donation and bonding: a case reportS. Lakis^{1*}, M.F. Mantilla Reyes², I. Ximenez De Embun Ferrer², A. Roca Lecumberri², C. Naranjo Díaz², A. Torres Gimenez², N. Fernandez Gomis², E. Roda Guillen² and L. Garcia - Esteve²

¹HOSPITAL CLINIC DE BARCELONA, Institut Clínic De Neurociències (icn). Unidad De Salud Mental Perinatal, Barcelona, Spain and ²Hospital Clínic de Barcelona, Institut Clínic De Neurociències (icn). Unidad De Salud Mental Perinatal, Barcelona, Spain

*Corresponding author.

Introduction: Egg donation is an increasingly common fertility treatment. Around 5.4% of women residing in Spain, between 18-55 years old undergo fertility treatment. This percentage increases with age, being higher (8.8%) between the ages of 40-44 years old. The implication in women who submit a fertility treatment with past history of psychiatric illness remains unknown.

Objectives: To conduct a literature review about mother-infant bonding in mothers with past history of mental health disorder.

Methods: Literature review about mother-baby bonding in mothers with mental illness. Present a case report with therapeutic interventions and follow-up outcomes.

Results: One study shows less optimal interaction quality in mothers-infants from egg-donation families than IFV families. There is no literature focused on women with past history of psychiatric illness. We present the case of a 39 year old woman admitted in Mother- Baby Day Hospital with history of Generalized Anxiety Disorder and hypochondriasis under treatment with antidepressants, who undergo an egg donation treatment. During pregnancy presents depressive symptomatology as well as increasing levels of anxiety-hypochondriasis. In postpartum this symptomatology exacerbates due to difficulties in bonding without feeling the baby like her own child, causing severe involvement in maternal care. We perform a psychotherapeutic intervention focusing in mother-baby bonding and optimizing psychopharmacological treatment.

Conclusions: There is limited literature which assesses interaction quality in mothers-infants from egg-donation families. As we know, there is no literature evaluating relationship between egg

donation babies and mothers with mental health disorders. Further investigation is needed in this area due to relevant implications for both mother and child.

Conflict of interest: No

Keywords: bonding; egg donation; postpartum

EPV1495

Characteristics of the emotional sphere of women in the IVF program with natural and donor ova

E. Sedova*, Z. Gardanova and S. Kalina

Pirogov Russian National Research Medical University, Psychological-social Faculty, Moscow, Russian Federation

*Corresponding author.

Introduction: The IVF-method considers to be one of the prospective methods of infertility treatment. However, the psycho-emotional states of the women in the IVF program remain understudied. That is why the specifics of reaction on infertility of the woman is of crucial importance.

Objectives: The research aim is studying the characteristics of the emotional sphere of women in the IVF program.

Methods: The research sample consists of 150 women (mean age 34.5+2), belonging to one of three groups: (1) Experimental group 1 – the women in the IVF program with their own ovum; (2) Experimental group 2 – the women in the IVF program with a donor ovum; Control group – women having pregnancy naturally. The following methods are used: Toronto Alexithymia Scale; Beck Depression Inventory; State and Trait Anxiety Inventory; SF 36 Questionnaire; Lazarus Coping Questionnaire; Leonhard Questionnaire.

Results: The women in IVF-program with a donor ovum demonstrate more pronounced depressive tendencies; they have a higher level of alexithymia and anxiety comparing with the women in the group with their own ova and the control group. Women with their own ova demonstrate a direct connection of the anxiety and depression levels. Women from both experimental groups show a higher anxiety level comparing with the control group.

Conclusions: It is important to consider such characteristics as a high anxiety level, depressive tendencies and a relatively pronounced alexithymia when designing intervention psychotherapeutic programs for the women in the IVF program.

Conflict of interest: No

Keywords: IVF; donor ova; infertility

EPV1496

Do french health agency's guidelines have an effect on prescription of valproic acid and derivatives (valpromide, sodium divalproate) in childbearing-aged women?

C. Yosofi*, L. Communier, R. Bellay, B. Langrée and N. Marie

Centre hospitalier Guillaume Regnier, Pharmacie, Rennes, France

*Corresponding author.

Introduction: As there are malformations and developmental disorders in valproic acid, valpromide and sodium divalproate (VAD-valproate and derivatives) pregnancy exposed children,

French Health Agency (ANSM) has established restrictions of use in childbearing-aged women since 2015.

Objectives: We wonder if those guidelines decreased VAD treated childbearing-aged women and if they increased the use of lithium.

Methods: We included women treated by antiepileptic or mood-stabilizer, aged from 13 to 50 between 2014 and 2018. Our main outcomes measure is the number of women treated by VAD and lithium. Secondary outcome is the number of women treated by valproic acid for neurological or psychiatric indication. Then we compared the number of childbearing-aged women treated by VAD and lithium between 2014 and 2018. As statistical analysis, we used Chi-square test.

Results: The number of women treated by valpromide ($p < 0.001$) and sodium divalproate ($p < 0.001$) differ significantly, whereas the number of women treated by valproic acid didn't ($p = 0.96$). The number of women treated by VAD for psychiatric indications has significantly decreased (from 141 (2014) to 74 (2018), $p < 0.001$). The number of women treated by lithium increased significantly (from 39 (2014) to 87 (2018), $p < 0.001$).

Conclusions: The use of VAD in psychiatric indications has decreased its value by half between 2014 and 2018. Considering the increased number of women treated by lithium, we assumed prescriptions were transferred partially from VAD to lithium. Nevertheless, there are still some childbearing-aged women treated by VAD. Are there numerous options? Do psychiatrists refuse to modify treatment for stabilized women?

Conflict of interest: No

Keywords: Childbearing-aged women; Valproic acid and derivatives; moodstabilizer

EPV1497

Assessment of caregivers' strain and burden during radiation therapy of cancer patients in western greece using modified caregivers' strain index scale and zarit burden interview

K. Grigoratou¹, K. Argyropoulos¹, D. Avramidis^{2*}, P. Alexopoulos³, D. Kardamakis⁴, P. Gourzis³ and E. Jelastopulu¹

¹School of Medicine, University of Patras, Greece, Public Health, Patras, Greece; ²University of Patras, School of Medicine, Patra, Greece;

³School of Medicine, University of Patras, Greece, Psychiatry, Patras, Greece and ⁴School of Medicine, University of Patras, Greece,

Radiation-oncology, Patras, Greece

*Corresponding author.

Introduction: Both patients and caregivers are affected by the diagnosis of cancer and its therapies. Caregivers come up with several challenges, limiting their social, psychological, and economical well-being.

Objectives: The study aimed to assess caregivers' strain and burden during radiation therapy of cancer patients and to investigate their association with various variables.

Methods: A cross-sectional study took place at the oncological section of the University Hospital of Patras among 103 informal carers, who accompanied cancer patients during their therapy. The study included the Zarit Burden Interview, which measures 4 subscales of burden (personal strain, strain of role, social deprivation, financial strain) with a score range of 0-88 and the Modified Caregiver Strain Index (M-CSI), which measures the degree of strain in following major domains: Financial,

Physical, Psychological, Social, and Personal, with a score range of 0-26. Higher scores indicate a higher level of caregiver strain and burden.

Results: Mean burden score was 25 ± 13.6 , moderately burdened (scores 21-40) appeared to be 43.5%, while higher rates were noticed in the personal strain subscale. According to M-CSI, 37.9% were regularly emotionally affected regarding the changes faced by the patients. 22.3% referred to high financial burden and 25.2% stated being in an overwhelming situation. The female gender was associated with higher burden and strain.

Conclusions: In the present study almost half of the caregivers depicted moderate burden especially in the emotional and financial domain. Moreover women appeared to be more burdened and strained compared to men. More emphasis should be given to women in order to enhance their functionality.

Conflict of interest: No

Keywords: cancer patients; Caregivers; Burden; Radiation Therapy

EPV1498

Hermeneutical epistemic injustice in motherhood: guilt, caring and grieving in fatal infant diseases.

Á. Cerame Del Campo^{1*}, A.V. Franco Soler², M.L. Costa Ferrera Da Silva³, P. Coucheiro Limeres¹ and M.D.C. Aguilar Romero⁴

¹Instituto psiquiátrico Jose Germain, Psychiatric Trainee, leganes, Spain;

²Instituto psiquiátrico Jose Germain, Clinical Psychology Trainee, leganes, Spain;

³Instituto psiquiátrico Jose Germain, Psychiatrist, leganes, Spain and

⁴Hospital Severo Ochoa, Psychiatry, Leganés, Spain

*Corresponding author.

Introduction: Epistemic injustice (EI) is defined by Miranda Fricker as “a damage done to someone in their capacity as a knower”. She defined two forms of EI: testimonial and hermeneutical injustice. The latter describes how collective interpretative resources are set up in a certain way and, consequently, a person could potentially lack the means of making sense of their experience.

Objectives: We present the case of a 42-year-old female patient referred to the mental health services due to symptoms of depressive mood in the context of her infant son’s diagnosis of a fatal degenerative disease: lisencefalia.

Methods: We present a case report where we problematise how motherhood caring and grieving a baby with a fatal disease can be better understood through the lens of epistemic injustice.

Results: An epistemic void regarding motherhood appears to exist given that is socially understood from a perspective that is only charged with positive attributions and meanings and which, in turn, obscures the arduous and demanding aspects of caring for a newborn. This can generate great guilt in mothers when facing the ‘dark side of motherhood’ lacking the conceptual tools with which to make sense of it. This fact is intensified when caring for a child with a disease with a fatal prognosis.

Conclusions: We believe that understanding the distress that arises from motherhood through the lens of epistemic injustice could help to reframe these problems from a social rather than individual perspective and serve as a form of recognition, justice and reparation which could help in the healing process.

Conflict of interest: No

Keywords: grieving; motherhood; epistemic injustice; guilt

EPV1499

Protocol for transsexual, transgender and gender-nonconforming persons care on mental health service of mostoles university hospital.

J.J. De FrutosGuijarro^{1*}, R. Martín Aragón², N. Chinchurreta³ and C. Moreno Menguiano¹

¹Centro de Salud Doctor Luengo Rodriguez, Servicio De Psiquiatría, Mostoles, Spain; ²Complejo Hospitalario Mancha Centro., Unidad De Salud Mental Infanto-juvenil., Alcázar de San Juan., Spain and

³HOSPITAL PUERTA DE HIERRO, Psychiatry, MADRID, Spain

*Corresponding author.

Introduction: Transsexual, transgender and gender-nonconforming persons may contact Psychiatry services seeking for mental health care but also as part of a process of gender identity affirmation. At that moment, physical and emotional factors converge and sometimes hinder progression. We designed a protocol to accompany patients on this procedure.

Objectives: To present the protocol to support persons on a process of gender identity affirmation from Mental health Services.

Methods: Description of the theoretical bases and practical strategies that conform our protocol.

Results: The theoretical foundations of the program are based on WPATH (World Professional Association for Transgender Health) Standards of Care version 7. Local and national Spanish laws that rule medical practice on this topic should be considered very carefully as they are constantly updated. The coordination with out-of-hospital programs and other clinicians taking care of the person is basic on a support program. We must ensure that comprehensive health care is provided, based on the principle of respect for the free manifestation of the gender identity of citizens on a basis of respect for the equality and dignity of persons.

Conclusions: Sexual and gender diversity training is critical for mental health professionals working in public hospitals psychiatry services. The mental health professional can be a key interlocutor throughout the process of gender identity affirmation, helping to avoid pathologization and facilitating the browsing of the patient between the different specialists involved. This privileged position could allow primary and secondary prevention of mental health pathologies.

Conflict of interest: No

Keywords: transgender; gender identity; gender diversity

EPV1500

Case report: maternity abroad: the importance of support

L. Garcia Murillo*, M. Marin Vila, M. Díaz De Neira, A. Forti Buratti and I. Palanca Maresca

Hospital Universitario Puerta de Hierro, Child And Adolescent Psychiatry, Majadahonda, Madrid, Spain

*Corresponding author.

Introduction: Transition to motherhood is a process that usually is supported by social environment, especially family and friends. When this transition is lived abroad, alone and in a different culture, psychopathological difficulties can arise, especially when there are antecedents of traumatic events.

Objectives: We present a case report to illustrate this situation:

Methods: A 32 years old pregnant women was referred to our perinatal outpatient unit presenting anxious symptomatology 15 days before an elective c-section was planned (given that she had two previous c-sections). Born in Bulgaria, she had been living in Spain for two years with her husband and son, but she did not speak any Spanish at all. She had never worked in Spain and did not have any family or friends living here. This was her third pregnancy, having been the first one a neonatal loss, were a baby girl died two months after delivery. Grieving process had been reactivated during the third trimester of the pregnancy, and she showed anticipatory anxiety with feelings of being close to death. She presented obsessive brooding about the birth and surgery, and she asked for information about the procedures performed in the Spanish Health System. She also asked for professional companion during the delivery. She had not gone to childbirth preparation groups, increasing her loneliness feelings.

Results: Social and linguistic barriers and the precedent of a neonatal loss were the triggers for an anxiety disorder in this mother.

Conclusions: Further research is needed about the importance of social and psychological support during pregnancy.

Conflict of interest: No

Keywords: support; Maternity; Perinatal; Anxiety

EPV1501

Prescribing antipsychotics in pregnancy: considerations on the treatment in a clinical case

V. Mainar De Paz^{1*}, C. Martín Alvarez² and M. Bravo Arráez³

¹Centro de Salud Mental Maresme Nord, Psiquiatria, Barcelona, Spain;

²Hospital Universitario de Fuenlabrada, Centro De Salud Mental, Madrid, Spain and ³Hospital Universitario Severo Ochoa, Psiquiatria, Madrid, Spain

*Corresponding author.

Introduction: The prevalence of puerperal psychosis remains practically constant until nowadays. The approach to this entity has been conceptualized considering different biological, psychological and social approaches. The use of antipsychotic treatment is often necessary, but also associates some specific considerations.

Objectives: the aim of the current paper is to provide a revision on the literature related to the use of antipsychotic treatment during pregnancy focusing on a clinical case

Methods: Clinical case description and literature review related to the topic

Results: Our case is a thirty four years old woman, with a history of puerperal psychosis in her first pregnancy. The current diagnosis is paranoid schizophrenia. It is reported a good clinical response to oral antipsychotic. It is known that pregnancy and puerperal stage is the one with the highest risk of psychiatric hospitalization and the use of monotherapy with the minimum effective dose it is suggested. In this regard, in her next pregnancy we directly assessed the risk-benefit and adjusted the pharmacological treatment to the minimum effective dose, establishing an integral approach of the case.

Conclusions: The use of antipsychotic treatment during pregnancy is controversial and associated great complexity. Extensive information must be provided to women and families, respecting their competence to make decisions. It is usually recommended an interdisciplinary and specialized approach, while trying to optimize clinical stability.

Conflict of interest: No

EPV1502

Peculiarities of neurotic anxious-depressive disorders in internally displaced women and combatants's wives

A. Markov¹, M. Markova^{2*}, L. Rahman³, I. Shpylovyi³ and K. Kosenko⁴

¹Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology Medical And Psychological Rehabilitation, Kharkiv, Ukraine; ²Kharkiv Medical Academy of Postgraduate Education, Sexology, Medical Psychology, Medical Abd Psychological Rehabilitation, Kharkiv, Ukraine; ³Danylo Halytsky Lviv National Medical University, Psychiatry, Psychology And Sexology, Lviv, Ukraine and ⁴Odessa National Medical University, Psychiatry, Odessa, Ukraine

*Corresponding author.

Introduction: The hypothesis of work has become the statement that women – internally displaced persons (WIDP) and combatants's wives (CW) – have specific psychological problems and a complex of psychopathological phenomena, the combination and severity of which is peculiar and typical only of these groups.

Objectives: To study the clinical phenomenology and the peculiarities of neurotic anxiety-depressive disorders with different psychogenesis in women.

Methods: 78 WIDP and 72 CW with neurotic disorders of anxiety-depressive range (F43.22, F43.21, F43.1, F45.1, F45.3), 25 women with F32 and 25 mentally healthy women were examined.

Results: It has been found out that the high level of lesion with the somatic-vegetative depressive and anxiety-depressive symptoms in WIDP and CW, and the level of somatisation in these groups is close to the one, which is typical of women with endogenous depression. The main psychopathological constructs of the changes in their psychoemotional sphere are the depressive symptoms and somatic-vegetative disorders. Astheno-neurotic symptoms in WIDP and anxiety symptoms in CW are acting as a supporting psychopathological constructs. The high level of social-psychological disadaptation in WIDP and CW was found out, but it was proved that the internal displacement is more traumatic relating to the outer adaptive resource as a result of absence of the formed prosocial borders and of lack of social support, that makes the WIDP-group the most vulnerable to social disadaptation.

Conclusions: WIDP and CW are unique groups in clinical, psychological and social-psychological aspects, for whom psychopathological appearances, pathopsychological transformations and peculiarities of social-psychological maladaptation are typical.

Conflict of interest: No

Keywords: neurotic disorders; internally displaced persons; women; combatants's wives

EPV1503

Breastfeeding practice in women displaced by armed violence in a rural area of colombia

M.N. Muñoz Argel^{1*}, A. Romero Otalvaro¹, J. Vélez Carvajal², V. Naranjo Quintero³ and L. Gonzalez¹

¹Universidad Pontificia Bolivariana, Psicología, Monteria, Colombia;

²Universidad Pontificia Bolivariana, Social Communication, Monteria, Colombia and ³Universidad Pontificia Bolivariana, Humanist Training, Medellin, Colombia

*Corresponding author.

Introduction: Breastfeeding is of vital in the physical, cognitive and affective development (WHO). This practice is sensitive to involvement by cultural, social and economic factors (Broche-Candó, 2011). Therefore, it is important to investigate the socio-anthropological implications.

Objectives: To explore the practice of breastfeeding with breast milk, the perception of displacement effects and the routine of the family economy.

Methods: Mixed, semi-structured survey of 50 mothers of a Child Development Center in Uré-Córdoba, on the map of Colombia with armed social violence

Results: Of the armed conflict describes surviving in the absence of basic conditions: decent housing, nutrition, public services and continuing to live with the experience of fear. The field activity is associated with the economy in the home before displacement, and after this, mining is sustained, the scraping of "cañaflacha" among others; in days from 5 to 9 hours. Breast milk is artificial feeding supplement. (Chart 1.), with periods between 5 and 9 Chart 1. Breastfeeding practice

Eating behavior	Month			
	1-3	4-6	7-9	10-12
Breastfeeding	97%	75%	24%	5%
Artificial food	87%	100%		

Conclusions: Together, favorable knowledge about nutrition with breast milk and absence of basic conditions for the implementation of a nursing family are analyzed (Becerra-Bulla, et al, 2015). Socio-emotional, cultural, and economic aspects are identified that affect it negatively which characterize the mother displaced by armed violence. The practice of breastfeeding with breast milk is influenced by emerging socio-anthropological dynamics in displacement due to armed violence, characterized by women with responsibility for the family economy

Conflict of interest: No

EPV1508

Improving maternal and infant mental health: an integrated model of care for specialist perinatal mental health services

M. Miele¹, K. Austin², I. Mapepa¹ and K. Halai^{3*}

¹Imperial College London, Perinatal Mental Health Service - St Mary's Hospital, London, United Kingdom; ²Central North West London FT, Perinatal Mental Health Service - St Mary's Hospital, London, United Kingdom and ³CNWL FT, Perinatal Mental Health, London, United Kingdom

*Corresponding author.

Introduction: Untreated mental illness in pregnancy and postpartum is associated with an increased risk of maternal psychological dysfunctions and psychiatric conditions and of children developing a mental illness later in life. The Confidential Enquiry into Maternal Death demonstrated that suicide is the leading cause of maternal death. The report from the London School of Economics (2014) on the costs of perinatal mental health problems (£8.1 billion for each one-year cohort of births) compelled the UK government to release

funding to develop specialist perinatal mental health services (PMHS) across London between 2016-2019.

Objectives: To describe the PMHS multidisciplinary model based on integration of physical and mental health, equity of access and seamless care.

Methods: The service specifications and standards were defined in line with National guidance and recommendations and tailored to local needs. The implementation was established through the systematic involvement of stakeholders. The co-produced model of care was centred on integration and partnership with primary care, maternity, health visiting, social care, third sector, secondary and tertiary mental health care. Through education, training and supervision the service supplemented the PMH care provided by other healthcare professionals

Results: 1224 referrals were received in one year, 50% were new presentations. 27% were affective disorders (including BAD), 25% anxiety disorders and 4% psychotic illness. The service delivered 30 pre-conception advice consultations and 270 hours of training.

Conclusions: Access to PMHS promotes early identification and proactive management of psychiatric conditions in the perinatal period. Further evaluation is needed to measure the impact of the interventions on maternal and infant outcomes.

Conflict of interest: No

Keywords: perinatal services; maternal mental illness; prescribing in pregnancy; infant mental health

EPV1511

When depression and insomnia tinges the reproductive pathways of a woman in assisted reproduction

E. Santamaría Rubio^{1*}, A. Matas² and E. Dominguez Ballesteros³

¹Clínica López Ibor, Psychiatry, Madrid, Spain; ²Hospital Infanta Leonor, Psychiatry, Madrid, Spain and ³Clinica Lopez Ibor, Child Psychiatry, Madrid, Spain

*Corresponding author.

Introduction: This is a case of perinatal depression in a woman who had fertility problems and needed assisted reproduction. Cases like these are frequent and that's why I consider important to talk about the aetiology, the diagnosis, the treatment and the way we can reduce the incidence of this pathology.

Objectives: I want this case to be the start of a through review about the perinatal depression, the risk factors, the diagnosis and the different ways of treatment.

Methods: Regarding the methods, I will start with a complex presentation of my patient. This is a 43 year old woman who got in Clínica López Ibor because of a depression reactive to a miscarriage of her pregnancy during the first quarter of it. She spent a week at the clinic and during those days she started taking Quetiapine 25, Sertraline 50 and 2 Lorazepam pills a day. She got better and after 6 months got a gemelar pregnancy by assisted reproduction. Nowadays she is on the third quarter and despite de treatment she feels sad, anxious, insolated and is also having couple problems. We will talk about the multiple factors of this happening and the way we should treat it.

Results: There are multiple factors of perinatal depression happening and we will expose them. We will also expose the conclusion we are obtaining about the way we could improve our work

Conclusions: It is necessary that Psychiatrists and gynaecologists know about the perinatal depression, work together and have a standardized way of treatment

Conflict of interest: No

Keywords: Dépression; Perinatal Depression; assisted reproduction

EPV1512

Clinical and socio-demographic characteristics associated with perinatal depression

C. Ciampi¹, G. Tarantino¹, G. De Felice¹, C. Palumbo¹, F. Zinno^{1*}, G. Sampogna¹, V. Del Vecchio¹, V. Giallonardo¹, M. Luciano¹, M. Torella² and A. Fiorillo¹

¹University of Campania "Luigi Vanvitelli", Department of Psychiatry, Naples, Italy and ²University of Campania "Luigi Vanvitelli", Department of Woman, Child And General And Specialized Surgery, Naples, Italy

*Corresponding author.

Introduction: Perinatal depression (PD) is a severe psychiatric disorder that begins around childbirth and presents with a variety of symptoms, such as mood swings, irritability, and tearfulness. Only a few studies have investigated the impact of this condition on quality of life and wellbeing of mothers.

Objectives: The aim of the present study is to assess Clinical and socio-demographic characteristics associated with PD.

Methods: 107 women have been recruited in the period between May and October 2019. Socio-demographic characteristics as well as information about the delivery have been collected through an ad-hoc schedule. All participants compiled the Edinburgh Postnatal Depression Scale (EPDS) within 3 days of the childbirth.

Results: The mean age of our sample is 32.0±6.3 years; 50% were employed and 25% of the sample had experienced at least one abortion in their life. A total score at the EPDS>10 was reported by 24.3%. Higher EPDS total scores were associated with the presence of anxiety (p<0.0001) and depressive symptoms (p<0.05) in the six-month prior delivery, as well as with anxiety symptoms in the partner (p<0.05).

Conclusions: Our study highlights the presence of potential factors associated with PD, suggesting the importance to set-up adequate screening procedures for the early recognition and management of depressive symptoms in the motherhood.

Conflict of interest: No

Keywords: Perinatal Depression; women's health; Screening

EPV1513

Postpartum first-episode psychosis – a case report and literature review

C. Almeida*, J. Miranda, A.M. Carvalheiro, M. Barbosa, L. Santos Silva, S. Martinho, R. Araújo and M. Silva

Centro Hospitalar de Leiria, Psychiatry And Mental Health, Leiria, Portugal

*Corresponding author.

Introduction: The postpartum is a period of great vulnerability to the development of psychiatric illness in a woman's life. Postpartum psychosis is a clinical presentation reported to happen in 1 to 2 per 1000 deliveries and the onset usually occurs in the first 4 weeks after childbirth. First-episode psychosis in this period may occur in

the context of an underlying mood disorder such as bipolar disorder, brief psychotic disorder or, less commonly, schizophrenia.

Objectives: To report a clinical case of a primiparous who presented with first-episode psychosis soon after childbirth.

Methods: We conducted a review of the literature through a search into Pubmed/Medline databases using the key terms "postpartum psychosis" and used the findings as a basis to discuss the presented case.

Results: We present a 40 year-old female with no significant psychiatric background. Three days after delivering her first child, she showed behavioural changes and reported feeling confused, not recognizing or worrying about her baby. Soon after, she presented complex auditory hallucinations mainly running negatively-connotted commentary about her and mixed delusional beliefs. Treatment with risperidone 2mg/day and oxazepam 15mg/day was initiated and clinical stabilization was obtained within 10 days.

Conclusions: This case reinforces the importance of a small sub-population of first-episode psychosis patients who present in the postpartum period. Limited research exists due to the relative rarity of this condition. Acute changes in the mental status of postpartum women require careful consideration of potential underlying medical issue. The vast majority of women with first-episode psychosis of postpartum onset are subsequently diagnosed with mood disorders.

Conflict of interest: No

Keywords: postpartum; psychosis; First-Episode

EPV1516

Psychiatric treatment of pregnant women with severe mental illness in Minsk, Belarus

O. Kazakova^{1*}, A. Hilko², V. Krautsova³, O. Aizberg⁴, O. Buhval⁵ and J. Reutfors⁶

¹Psychiatric Clinic of Minsk City, Inpatient Psychiatric Department, Minsk, Belarus; ²Belarusian State Medical University, Department of Psychiatry And Medical Psychology, Minsk, Belarus; ³Psychiatric Clinic of Minsk City, Deputy Chief Physician For Medical Examination And Rehabilitation, Minsk, Belarus; ⁴Belarusian Medical Academy of Postgraduate Education, Department of Psychiatry And Addictions, Minsk, Belarus; ⁵Republican Scientific and Practical Center of Mental Health, Inpatient Psychiatric Department #19, Minsk, Belarus and ⁶Karolinska University Hospital, Centre For Pharmacoepidemiology, Stockholm, Sweden

*Corresponding author.

Introduction: Psychiatric disorders during pregnancy have significant societal implications. Little is known about the management of pregnancy among psychiatric patients in Eastern Europe.

Objectives: To analyse the pharmacological treatment of pregnant patients with severe mental illness in Minsk City with regard to hospitalisation and outpatient treatment.

Methods: Drug prescription data was collected during 2017-2018 at the governmental psychiatric clinic in Minsk, where all pregnant women with severe mental illness (psychotic disorders, bipolar disorders, including depression with psychotic symptoms) and who live in Minsk City were observed.

Results: 30 pregnant women were included, of whom 25 (83,3%) had schizophrenia spectrum disorder, 3 (10%) had bipolar disorder, 1 (3,3%) had depression, and 1 (3,3%) had a diagnosis of puerperal psychosis related to the previous pregnancy. Most women (N=20;

67%) were outpatient treated during their pregnancy. Among those who were hospitalised, 7 women (23%) had a single hospitalisation whereas 3 women (10%) had more than one hospitalisation. There were an equal number of those who got and did not get medication before hospitalisation (5 and 5 pregnancies, respectively). In 9 (45%) out of 20 pregnancies outpatient women stayed without medication during a pregnancy.

Conclusions: In this first report of psychiatric treatment during pregnancy in Belarus, most women with severe mental illness in

Minsk do not require inpatient treatment during pregnancy. The number of pregnancies in which women used and did not use medication before hospitalisation was equal. Slightly more women were using psychiatric medication than non-using it in the group of patients who were outpatient during the whole pregnancy.

Conflict of interest: No

Keywords: psychiatric treatment; pregnancies; hospitalisation