the Asthma Control Test (ACT). Alexithymia was measured using Toronto Alexithymia Scale (TAS 20).
Results The mean age was 51 ans. Sex-ratio F/M was 14. The mean duration of disease was 11 years. Long-term control medicines were: inhaled corticosteroids, long-acting beta agonists and theophylline respectively in 86.7%, 33.3% and 26.7%. Two thirds of our patients had a bad therapeutic adherence. The average ACT score was 16.8 points. Asthma was uncontrolled in 1/3 and well controlled in 1/3 of cases. The average TAS 20 score was 64.8 points. Twenty percent of patients were non-alexithymic, 13.3% had a probable alexithymia and 66.7% were alexithymic. This score was positively correlated to bad asthma control ($P < 0.001$), long term evolution ($P = 0.002$) and use of inhaled corticoids ($P < 0.001$). It was inversely correlated to ACT score ($P < 0.001$).
Conclusion Our study shows the high prevalence of alexithymia in patients with asthma and its negative impact in asthma control. Psychological support aiming specifically alexithymic dimension in these patients is indispensable.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW136

Psychiatric comorbidity does not only depend on diagnostic thresholds: An illustration with major depressive disorder and generalized anxiety disorder

H. van Loo [1,*], R. Schoevers [1], K. Kendler [2], P. de Jonge [1], J.W. Romeijn [3]
[1] *University Medical Center Groningen, Psychiatry, Groningen, Netherlands*
[2] *Virginia Commonwealth University, Virginia Institute of Psychiatric and Behavioral Genetics, Richmond, USA*
[3] *University of Groningen, Faculty of Philosophy, Groningen, Netherlands*
* *Corresponding author.*

Background High rates of psychiatric comorbidity are subject of debate: to what extent do they depend on classification choices such as diagnostic thresholds?
Aims/objectives To investigate the influence of different thresholds on rates of comorbidity between major depressive disorder (MDD) and generalized anxiety disorder (GAD).
Methods Point prevalence of comorbidity between MDD and GAD was measured in 74,092 subjects from the general population according to DSM-IV-TR criteria. Comorbidity rates were compared for different thresholds by varying the number of necessary criteria from ≥ 1 to all 9 symptoms for MDD, and from ≥ 1 to all 7 symptoms for GAD.
Results According to DSM-thresholds, 0.86% had MDD only, 2.96% GAD only and 1.14% both MDD and GAD (Odds Ratio [OR] 42.6). Lower thresholds for MDD led to higher rates of comorbidity (1.44% for ≥ 4 of 9 MDD-symptoms, OR 34.4), whereas lower thresholds for GAD hardly influenced comorbidity (1.16% for ≥ 3 of 7 GAD-symptoms, OR 38.8). Specific patterns in the distribution of symptoms within the population explained this finding: 37.3% of subjects with core criteria of MDD and GAD reported subthreshold MDD symptoms, whereas only 7.6% reported subthreshold GAD symptoms.
Conclusions Lower thresholds for MDD increased comorbidity with GAD, but not vice versa, owing to specific symptom patterns in the population. Generally, comorbidity rates result from both empirical symptom distributions and classification choices and cannot be reduced to either of these exclusively. This insight invites further research into the formation of disease concepts that allow for reliable predictions and targeted therapeutic interventions.
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Consultation liaison psychiatry and psychosomatics

EW137

Classical homocystinuria and psychiatric disturbances – A case report

T. Abreu [1,*], C. Freitas [2], A.R. Figueiredo [3]
[1] *Centro Hospitalar do Tâmega e Sousa, Department of Psychiatry and Mental Health, Penafiel, Portugal*
[2] *Centro Hospitalar do Tâmega e Sousa, Department of Psychiatry and Mental Health, Amarante, Portugal*
[3] *Centro Hospitalar de Trás-os-Montes e Alto Douro, Department of Psychiatry and Mental Health, Vila Real, Portugal*
* *Corresponding author.*

Introduction Classical homocystinuria (cystathionine beta synthase deficiency) is a rare autosomal recessive disease of methionine metabolism that causes accumulation of homocysteine in the blood and cysteine deficiency. It is characterized by intellectual disability, ectopia lentis, skeleton abnormalities resembling Marfan syndrome and thromboembolic episodes. The majority of patients have psychiatric disturbances as depression, behavioral disorders, personality disorders, obsessive-compulsive disorder and, less commonly, bipolar disorder and psychosis.
Objectives and aims To briefly review psychiatric disturbances in patients with homocystinuria and present a case report.
Methods Literature research and analysis of patient's clinical data.
Results A 22-year-old male was diagnosed with classical homocystinuria at age 4 due to intellectual disability and renal alterations. With aging, other problems emerged: epilepsy; postural tremor; dysesthesia; ectopia lentis; orofacial myofunctional disorder; asthma; and patellar instability. He went to a special education program. At age sixteen, he initiated Child Psychiatry consultations due to anxiety and behavioral changes, as difficulty in controlling impulses, establishing relationships and in the perception of the self. Nowadays, the patient is followed in psychiatric consultations, where he has demonstrated high difficulty to empathize. He is being treated with vitamin supplements; betaine; levetiracetam; clobazam; and propranolol, combined with a special diet.
Conclusions It is not practical to screen every psychiatric patient for Homocystinuria, but this disease should be considered when there is a family history, early and/or acute onset, intellectual disability, atypical symptoms, unusual response to treatment, progressive cognitive change and other organic disturbances present in this disorder.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW139

Familial multiple cavernomatosis and neuropsychiatric symptoms: Is there any relation?

V. Espirito Santo [1,*], R. Almendra [1], A.R. Figueiredo [2], A. Almeida [3], I. Rego [4], P. Guimaraes [1], A.G. Velon [1]

[1] Centro Hospitalar Trás-os-Montes e Vila Real, Serviço de Neurologia, Vila Real, Portugal
[2] Centro Hospitalar Trás-os-Montes e Vila Real, Serviço de Psiquiatria, Vila Real, Portugal
[3] Centro Hospitalar Trás-os-Montes e Vila Real, Serviço de Neurologia, Neuropsicologia, Vila Real, Portugal
[4] Centro Hospitalar Trás-os-Montes e Vila Real, Serviço de Neurorradiologia, Vila Real, Portugal
* Corresponding author.

Introduction Cavernomas are clusters of abnormal blood vessels found in the brain and spinal cord. The familiar form is an autosomal dominant disorder associated with the presence of multiple cavernomas in both locations.
Clinical Case A 84-year-old man was admitted in our neurologic department for a sudden onset of difficulty in walking associated with loss of urinary sphincter control. Past history included a major depressive disorder with psychotic features since youth, epilepsy since 33 years old and, at 77 years old, he had a hemorrhagic stroke resulting from cavernous malformation haemorrhage. Medication consisted of clopidogrel 75 mg id, risperidone 3 mg id, venlafaxine 37.5 mg bid and clobazam 10 mg id. On neurological examination, he showed psychomotor slowing, dysexecutive syndrome, paraparesis and hypoesthesia with sensitive level by D10. Blood test was normal. Dorsolumbar spine-TC showed intradural hyperdensity by D12-L1, probably because of a hemorrhage lesion, that MRI revelled to be a cavernoma. Brain-MRI demonstrated 3 massive cavernomas in cortical-subcortical right occipital lobe, left lenticular nucleus and left pre-central gyrus and countless small infratentorial and supratentorial cavernomas. We inquired his family and we found out that one of his daughters also had multiple brain cavernomas, diagnosed after a hemorrhagic stroke when she was 55 years old.
Conclusion Familiar multiple cavernomatosis is associated with neuropsychiatric disorders. We enhance the impact that such a diffuse form of the disease has on the brain network causing atypical psychocognitive symptoms. In all cases a detailed neuropsychiatric family history should be sought and all should be followed regularly clinically and by MRI.
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EW140

Parkinson disease psychosis – A case report

M.D.C. Ferreira[1,*], S. Varanda[2], G. Carneiro[2], B. Santos[1], Á. Machado[2]
[1] Hospital de Braga, Psychiatry, Braga, Portugal
[2] Hospital de Braga, Neurology, Braga, Portugal
* Corresponding author.

Introduction Psychosis is one of the most prevalent non-motor complications in Parkinson's disease (PD). Risk factors for PD psychosis are advancing age, longer disease duration, severe motor symptoms, presence of dementia, sleep disorders, depression and autonomic dysfunction. Treatment is challenging in this setting because antipsychotic medications are known to worse motor symptoms.
Objectives To highlight the therapeutic difficulties in PD-related psychosis.
Methods Case description and literature review.
Results We report a case of a 74-year-old woman with a 9-year history of PD, who presented a complex psychotic disorder consisting in auditory, olfactory and visual (gulliverian and lilliputian) hallucinations, persecutory and sexual delusions. Additionally, the patient presented euthymic mood, without evidence of cognitive impairment or impulse-control disorder. These symptoms began after dopamine agonist therapy (ropinirole 4 mg/day). Other medical conditions that could justify these symptoms were excluded. Initially, ropinirole was removed, but without psychotic remission. Then, she was treated with antipsychotic medication (clozapine 25 mg/day) with full psychotic remission and without significant worsening of motor symptoms.
Conclusions Clozapine treatment is frequently delayed, mainly for fear of its side effects, particularly agranulocytosis. However, this antipsychotic drug presents many benefits regarding the management of PD-related psychosis, namely few motor effects and even improvement of motor fluctuations.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW141

Surgery-first or orthognathic surgery approach: Psychosocial and physical changes

E. Gambaro[1,*], C. vecchi[2], C. Gramaglia[2], A. Losa[2], M. Giarda[3], E. Broccardo[3], A. Benech[3], P. Zeppegno[2]
[1] Azienda Ospedaliera Universitaria Maggiore della Carità di Novara, Novara, Italy
[2] Università del Piemonte Orientale, Medicina Traslazionale, Novara, Italy
[3] Università del Piemonte Orientale, Testa e Collo, Novara, Italy
* Corresponding author.

Introduction Two surgical approaches exist for malocclusion: in the surgery-first approach the orthognathic surgery precedes the orthodontic treatment, treating facial esthetics first and then occlusion, whereas in the conventional approach (the orthodontics-first approach) the orthodontic treatment precedes the orthognathic surgery, treating occlusion first and then facial esthetics. The advantages of the surgery-first approach include the fact that patient's dental function, and facial esthetics are restored and improved soon after the beginning of treatment. Moreover, the entire treatment lasts only 1 to 1.5 years or less and orthodontic management is easier to achieve.
Aims Our study aims to compare patients undergoing surgery-first or orthognathic surgery approach as for as self-esteem, satisfaction with their appearance in the pre- and postoperative care, quality of life and psychosocial changes, are concerned.
Methods We recruited 50 patients undergoing surgery-first or orthognathic surgery approach at SC Maxillo-Facciale of Novara between October 2014 and December 2017. Assessment were performed at baseline (T0) and at follow-up (T1: 5 weeks; T2: 5–6 months), with Rosenberg Self-Esteem Scale (RSES), Temperament and Character Inventory (TCI: only at T0), Short Form Health Survey 36 (SF-36), Beck Depression Inventory (BDI-II), Resilience Scale for Adult (RSA), Psychosocial Impact of Dental Aesthetics Questionnaire (PIDAQ), Oral Health Impact Profile (OHIP-14).
Results Data collection is still ongoing. We expect to find a better quality of life and higher self-esteem in patients undergoing surgery first approach.
Conclusion Satisfaction is crucial for patients' adherence to treatment and to avoid revolving door. Clinical implications will be discussed.
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EW142

Descriptive study of hypothyroidism in an acute psychiatric unit in Barcelona

G. Hurtado*, E. Carrió, A.L. Palomo, M. Campillo, G. Mateu, A. Farre, J. Marti, R. Sanchez, J.R. Fortuny