

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

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

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

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

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

**Disclosure:** No significant relationships.

**Keywords:** Munchausen syndrome; factitious disorder imposed on self

## EPV0136

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

N.M. Casado Espada<sup>1\*</sup>, C. Ortiz-Fune<sup>2</sup>, M. Bersabe-Pérez<sup>2</sup>, S. Delgado-Perales<sup>2</sup>, S. Díaz-Trejo<sup>2</sup>, D. González-Parra<sup>3</sup> and C. Roncero<sup>1</sup>

<sup>1</sup>Psychiatry, Salamanca University Healthcare Complex; Psychiatric Unit. School of Medicine. University of Salamanca (Spain); Institute of Biomedicine of Salamanca (IBSAL), University of Salamanca, Salamanca, Spain., Salamanca, Spain; <sup>2</sup>Psychiatry, University of Salamanca Healthcare Complex, Salamanca, Spain and <sup>3</sup>Psychiatry, University of Salamanca Healthcare Complex. Institute of Biomedicine of Salamanca, Salamanca, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1734

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

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

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

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

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

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

**Disclosure:** No significant relationships.

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

## EPV0137

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

J. Marques<sup>1\*</sup>, M. Silva<sup>2</sup> and C. Laureano<sup>2</sup>

<sup>1</sup>Psychiatry, Centro Hospitalar Universitário do Algarve, Portimão, Portugal and <sup>2</sup>Serviço De Psiquiatria, Centro Hospitalar de Leiria, Leiria, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1735

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

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

**Methods:** Data was collected through the informatic registry. Contains patient data observed by a liaison psychiatrist in the period between 1<sup>st</sup> of July and 30<sup>th</sup> of September of 2020. In this period there were 80 requests, of which, 6 were refused for various reasons. We decided to study the concordance when one of these symptoms were in the request: anxious symptoms, depressive symptoms, psychotic symptoms and psychomotor agitation. 46 requests met this criteria. **Results:** The mean age was 63,3yo and 46% were older than 65yo. Most were women (54%) and 68% had history of psychiatry disorder. About 50% were requests from the Medicine wards. The concordance between the medical request and the psychiatry assessment was higher for psychomotor agitation (n=11; 64%) and depressive symptoms (n=23; 57%), but it was lower in anxious symptoms (n=3; 33%) and in psychotic symptoms (n=9; 33%). Most common diagnosis was delirium.

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