

some neuropsychiatric states. There is evidence that patients with schizophrenia have altered corticocerebellar connectivity.

Objectives To evidence a case with early onset psychosis accompanied with brain structural abnormalities.

Method Case description.

Results The patient is 15 years old girl with an acute psychotic episode. For more than two months she had demonstrated odd behavior, getting around all the time purposelessly, abandoned school etc. She presented with disorders of perceptions, disorganized speech, insomnia and fluctuations in her mood and behavior. In her brain, MRI was found vermian atrophy, and CT was found hippocampal glyosis and dilatation of temporal corn.

Conclusions Although the structural mapping studies have been equivocal, the weight of evidence supports extending the study of cerebellar activity in schizophrenia. For example, the finding that unaffected first-degree relatives of probands with schizophrenia have reduced cerebellar volumes, along with the observation of reduced cerebellar volumes in neuroleptic-naïve patients with schizophrenia, suggests that cerebellar atrophy may be a hereditary trait rather than a psychotropic associated epiphenomenon.

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Traumatic brain injury as psychosis development factor

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Introduction The pathophysiology of psychosis is not fully discovered yet. However, during the last years many different risk factors are shown to prove to have a strong influence within the development of this pathology. Traumatic brain injury (TBI) is one of them.

Objectives Show TBI as a psychosis development risk factor.

Methods Case report. A clinical vignette is presented followed by the results obtained in a bibliographic review.

Results A young 19-year old immigrant man, who lives with his parents in a social exclusion situation is brought to the hospital after having been observed making estrange religious rituals within a local river. During the anamnesis he declares that God is “getting in touch with him” while he shows to be changed, with suspicion about being pursued. He also reveals to have suffered a mild-severe TBI with 8 years, having right ear audition problems since then. During the hospitalization some medical test were done, such as MRI, showing the lack of the inner right ear, as well as white matter abnormalities in his right hemisphere, which could be consequence of the TBI. Those findings make us think that this pathology might have been influenced, within other factors, by the traumatic brain injury.

Conclusions This bibliographic review shows that traumatic brain injury may increase the risk of developing psychosis up to 65% from healthy controls, with a medium gap of 3.3 years between the TBI and the appearance of psychotic pathology.

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Psychosis and creativity. Genetic and structural relation between them

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Introduction Madness and creativity are thought to be related from ancient ages. Nowadays, thanks to new scientific developments and researches we are able to identify common genetic and brain patterns between creativity and psychosis.

Objectives Taking the inspiration of a psychotic patient with some shocking drawings, we want to get deep into the actual knowledge about the relation between creativity and psychosis.

Methods Case report and bibliographic review.

Results A 19-year-old man was brought to the hospital after having been found making strange rituals in the public way. In the anamnesis he showed to have experienced mystic delusions and hallucinations. He made some particularly creative drawings.

We made a review which showed that this patients may have a diminished latent inhibition, which could make them experiencing usual live irrelevant stimuli as something very exciting and creative at the same time. Genome wide association studies show also that people having creative jobs and psychotic patients share some genes, which could be linked to this abnormal latent inhibition.

Conclusions Latent inhibition abnormalities could be related with psychosis and creativity. There are differences within the course of people having this oversensibility, which could be explained due to the presence of protective and risk factors.

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A fine line between schizophrenia and Hashimoto encephalopathy

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Introduction Hashimoto encephalopathy (HE) is an uncommon syndrome associated with Hashimoto thyroiditis. The relationship between these entities is unclear. Even being rare, it appears to be underrecognized.

Objectives Report a case of an atypical presentation of psychosis in a patient with elevated serum levels of antithyroid antibodies and review the literature about similar situations.

Methods Access clinical process, research PubMed, using the mesh terms “Hashimoto encephalopathy” and “psychosis”.

Results A 21-year-old Portuguese female was conducted by authorities to our emergency department after she called for help and was spotted walking barefoot on the streets. Throughout clinical course she presented persecutory ideas, thought blocks, auditory hallucinations, soliloquies, perplexity, total insomnia, bizarre behaviors like coprophagia, trichotillomania and self-injured burns. After some tests, it was found that the patient had high serum levels of antithyroid peroxidase antibody (TPO) and antithyroglobulin antibody (TGO) and reduced folic acid, without other changes. Trials with corticosteroids showed clinical improvement for short periods, as with antipsychotics. No consistent remission was achieved with either approaches.

Conclusion HE is an uncommon syndrome presenting with high titers of antithyroid antibodies that may preconize an acute state of atypical psychosis. Usually, it responds to corticosteroids and so, has a generally good prognosis when treated accordingly. Evidence