

review will facilitate the understanding of symptoms in order to effectively diagnose and provide a holistic early treatment approach.

**Methods** A case report of a 72-year-old woman with bilateral cerebellar lesions with high pre-morbid function presented with classic symptoms of CCAS. Multidisciplinary workup included medical, psychiatric, neuropsychological assessment (R-BANS (Form 1), Digit Span, Verbal fluency tests, the Hayling Test, the Delis-Kaplan Executive Function System) as well as other investigations (neuroimaging and blood tests) were conducted on the patient to confirm CCAS and exclude other differential diagnoses.

**Results** The results from the medical assessments conducted showed symptoms of cerebellar dysfunction. A psychiatry and neuropsychological review revealed aggression, irritability, disinhibition, deterioration in cognitive function and personality changes. A multidisciplinary team was formed to rehabilitate the patient however patient was non-compliant with therapy. The patient was prescribed Seroquel 50 XR and she responded well to the medication.

**Conclusion** This case review illustrates the challenges associated with engaging a CCAS patient in rehabilitation activities due to cognitive and mood disorders. The use of psychotropic medications can be an effective method in improving cognition and mood disorders in CCAS patients. Early psychiatry and psychological intervention can significantly improve the overall outcome of a patient diagnosed with CCAS.

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#### EV0308

### Neuropsychiatric and behavioural manifestation in a rare lysosomal storage disorder (Fabry's Disease): A case study

#### A case study

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**Introduction** Case presentation of a young woman Ms. SH, with neuropsychiatric presentation in a rare Lysosomal Storage Disorder (Fabry's disease).

**Case report** A 19-year-old female with Fabry's disease (FD) presented initially with symptoms of obsessions of dirt and contamination and compulsions of washing and also with overvalued persecutory ideas of being followed. Since the age of 14, she had suffered from various psychiatric symptoms increasing in frequency and intensity. Routine examinations including cognitive testing, electroencephalography and structural magnetic resonance imaging revealed no pathological findings. During the course of a year, her OC symptoms improved significantly with the use of Fluoxetine 40 mg mane. However, she then became more depressed and psychotic (despite continuing on Fluoxetine). Addition of Risperidone (gradually increased to 2 mg nocte) led to attenuation of her symptoms and she recovered completely over a course of another 6 months.

**Discussion** Mental and behavioural symptoms in Fabry Disease symptoms usually begin during late childhood or adolescence but may not become apparent until the second or third decade of life. Early symptoms include episodes of severe burning pain in the hands and feet and skin lesions. The psychiatric manifestations can be varied, e.g. the index patient, initially presented with what appeared like an Obsessive Compulsive disorder but later as a depressive illness (Muller et al., 2006) with psychotic symptoms.

**Conclusions** To showcase mental and behavioural symptoms associated with a rare disorder like Fabry's disorder and treatment options may be helpful.

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#### EV0309

### Referrals of patients with schizophrenia to a consultation-liaison psychiatry service

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**Background** There are few studies specifically investigating the acute treatment procedures of patients with schizophrenia in the context of Consultation-liaison psychiatry (CLP).

**Purpose** Describe the main clinical features of the referrals of patients with schizophrenia, attended by a general hospital CLP service.

**Methods** Longitudinal observational and descriptive study, assessing adult inpatients with schizophrenia (DSM-IV-TR criteria) admitted to non-psychiatric units of Hospital Clínic of Barcelona (Spain), who were consecutively referred to our CLP service over a 10-year period (from January 1, 2005, through December 31, 2014).

**Results** During that period, 9,808 psychiatric consultations were requested. 163 of them (1.8%) concerned patients with schizophrenia. These groups of patients were aged  $50.9 \pm 15.3$  years and 65% were male. A 25.9% of patients had history of suicide attempts and 45.6% presented current psychosocial stressors.

**Characteristics of referrals** Referral sources according to medical specialties are shown in [Table 1](#).

The major medical conditions for referral according to ICD-10 categories were: external causes of morbidity (21.5%), infectious diseases (13.5%) and diseases of the digestive system (10.4%).

The two most frequent reasons for referral were the assessment of psychopharmacological treatment and/or psychopathological state examination (62%) and suicidal risk/attempt assessment (8.6%).

**Conclusions** In our sample, only a 1.8% of all patients for whom psychiatric consultation was requested had a diagnosis of schizophrenia. The most common profile of them was: male, 50 years old, coming from general medicine department due external causes of morbidity and referred to the CLP service because of psychiatric state and/or medication review.

Table 1 Referral source (n = 163).

Specialty	Number	%	Number/year
General Medicine	42	25.9	4.2
Surgery	13	8	1.3
Trauma and Orthopaedics	13	8	1.3
Intensive Care Unit	12	7.4	1.2
Infectious diseases	10	6.2	1
Haemato-Oncology	10	6.2	1
Respiratory Medicine	9	5.6	0.9
Hepatology	8	4.9	0.8
Cardiology	8	4.9	0.8
Neurology	7	4.3	0.7
Urology and Nephrology	7	4.3	0.7
Gastroenterology	6	3.7	0.6
Other	18	11.1	1.8

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### EV0310

#### A case report of mansonellosis with neuropsychiatric symptoms

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**Introduction** According to the WHO, tropical diseases affect 1/5 of the world population, being increasingly frequent in Europe. Most of these diseases produce mainly physical symptoms, but the appearance of accompanying neuropsychiatric symptoms are not uncommon.

**Objective** To present a clinical case of mansonellosis with neuropsychiatric symptoms.

**Clinical case** Twenty-two-year-old man from Equatorial Guinea, resident in the European Union for 3 years without psychiatric history. His medical history included recurrent malaria, syphilis treated with penicillin and he was HBsAg carrier.

He presented with a 10 month history of headache, pruritus, retrograde amnesia, episodes of anxiety and persecutory delusions. Previously he had gone to the emergency room several times. Cranial CT scan showed no abnormalities. Anxiolytic treatment with benzodiazepines was started, with partial response of the symptoms.

The blood tests revealed a WBC count of  $62 \times 10^9/L$  leukocytes with 11% eosinophils, IgE 5242 IU/mL and IgG 1740 mg/dL. Given the suspicion of filarial infection, a thick blood film was done, the result being positive for *mansonella perstans*. He was administered treatment with albendazole 400 mg/12 h for 10 days and ivermectin in single dose. One month after start of treatment the patient was asymptomatic with complete resolution of the neuropsychiatric symptoms and correction of eosinophilia.

**Results** The patient's origin, his medical history and the typical symptoms of parasitosis should raise the suspicion of an infectious origin of the neuropsychiatric symptoms.

**Conclusions** The patients from tropical regions with neurological and/or psychiatric symptoms should undergo comprehensive diagnostic workup to rule out an infectious disease as a possible cause.

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### EV0311

#### Describing the assistance, the basis for improvement

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**Introduction** Consultation-liaison (CL) psychiatry is a branch of psychiatry that study and treat mental health of patients with other medical or surgical conditions. The assistance between hospitals and health services is heterogeneous.

**Aims and objectives** For this reason, the objective of our research is to define the clinical characteristics from our CL service and check out the quality relationship with the applicant service, for improving future assistance.

**Methods** We made a descriptive analysis of clinical variables from the patients who received assistance during 2 months by the CL service from the hospital del Mar, Barcelona. We got the frequencies and we used the Chi<sup>2</sup> test for the comparison between variables: Diagnosis, appearance in the report and treatment in the report.

**Results** Total of the sample: 42 patients, 61.9% women. Mean age: 55.1 years. Psychiatric diagnosis was present before the assistance on 57.1% of the patients. The most frequent diagnosis was Adjustment Disorder (47.6%) and more than one diagnosis was made in the 14.3%. Near the half of the patients required only primary care assistance after the discharge from the hospital. In the 68.3% of the reports appeared information about CL assistance and the indicated treatment didn't appear in all the reports. Statistically significant differences weren't found in the comparisons.

**Conclusions** Adjustment Disorder is supposed to be the most common psychiatric diagnosis in our CL psychiatry service, as we found in the reviewed literature. The results reveal that relationships between services can be improved. More studies must be done for completing information in this issue.

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### EV0312

#### Neurocognitive profile of patients with early stages of HIV infection

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HIV-associated neurocognitive disorders (HAND) may include neurological disorders of various severities such as AIDS dementia complex (ADC) also known as HIV dementia and HIV-associated dementia (HAD), HIV encephalopathy, and Mild Neurocognitive Disorder (MND). As it seems HIV-associated neurocognitive disorders are associated with a metabolic encephalopathy induced by HIV infection and fueled by immune activation of macrophages and microglia. Despite of a group, evidences have described presence of cognitive alterations in HIV patients at different stages of HIV infection so far; little is known about the neurocognitive state of patients at very early stages of HIV infection. Here, we explored the neurocognitive profile of a group of cases of HIV patients at very early stages of HIV infection. We have analyzed of three groups of subjects, thus, we have studied a group of patients with early HIV infection, a healthy control group and a group of patients with mild cognitive impairment due to neurodegenerative causes. Our results suggested that cognitive processes are sensitive to very early neu-