

**Introduction** Stuttering is a speech disorder characterized by involuntary repetition, prolongation or cessation of a sound. This dysfluency may be developmental or acquired. Acquired dysfluency can be classified as neurogenic or psychogenic.

**Objectives** This case report aims to describe and discuss a case of psychogenic stuttering, providing an updated review on this disorder.

**Methods** In and outpatient interviews were performed by Neurology and Psychiatry. Investigation to exclude organic causes included lab exams, electrocardiogram, electroencephalography, computed tomography scan and magnetic resonance imaging. A literature review in Science Direct database, with the keywords “psychogenic stuttering”, was also conducted.

**Results** A 63-year-old man was admitted to the Beatriz Ângelo Hospital with an acute stuttering. Speech was characterized by the repetition of initial or stressed syllables, little affected by reading out loud or singing. Comprehension, syntaxes and semantic were not compromised, as weren't sensory and motor abilities. During admission, stuttering characteristics changed. Multiple somatic complaints and stress prior to the onset and bizarre secondary behaviors were also detected. Work-up didn't show an organic etiology for that sudden change. An iatrogenic etiology was considered, as sertraline and topiramate were started for depression 1 month before. However, the stuttering pattern, the negative results, the psychological and the social life events suggested a psychogenic etiology.

**Conclusions** Psychogenic stuttering finds its origin in psychological or emotional problems. It is best classified as a conversion reaction. The differential diagnosis between psychogenic and neurological stuttering can be challenging.

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#### EV405

##### Illness or simulation

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**Objectives** The revision of the differential diagnosis of simulation cases versus real psychopathological cases. Analysis of a case of the Ganser syndrome by revising the diagnosis criterions and their historical characteristics.

**Method** We analyze the case of a 38-year-old male who came to the community mental health team and reference hospital. Following symptoms were observed: involuntary movements of the upper extremities associated with delirium coinciding with the premature birth of a child. This refers also to a compatible episode of a dissociative fugue.

**Results** To establish the diagnosis, we differentiate against disorders such as Simulation, factitious disorders with psychological symptoms or Factitious Disorders with somatic symptoms (Münchhausen syndrome). In order to support our diagnosis, we base on the CIE-10 and the DSM-IVTR classification.

**Conclusions** We don't diagnose the clinical pictures in which we don't think. The Syndrome of Ganser could be positioned between neurosis and psychosis and between illness and simulation. The recommended treatment includes hospitalization in order to insure the diagnosis. While some authors recommend neuroleptics and others - anxiolytics, the psychotherapy is obligatory. The goal is to help the patient restore function and adapt to his environment again.

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#### EV406

##### Impact of a type-D personality on clinical and psychometric properties of patients with a first myocardial infarction in a Turkish sample

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**Objective** Recent studies have shown that a Type D personality is associated with an increased risk of cardiac mortality. This study aimed to examine impact of a Type D personality on clinical and psychometric properties of patients with a first myocardial infarction (MI) in a Turkish sample.

**Method** The study included 131 patients who were admitted to the coronary care unit of a hospital with a first MI. All the patients underwent a psychiatric assessment within 2–6 months post-MI. Psychiatric interviews were conducted with the Structured Clinical Interview for DSM-IV (SCID-I).

**Results** The first study group (Type D personality) included 50 patients, and the second study group (non-Type D personality) included 81 patients. There was a 38.2% prevalence of the Type D personality in the patients with a first MI. Those with this type of personality had a significantly higher frequency of hypertension and stressful life events. The Type D patients also had more psychiatric disorders, depressive disorders, and anxiety disorders than the non-Type D patients.

**Conclusions** Our findings suggest that Type D personality traits may increase the risk of hypertension and the risk of psychiatric morbidity in patients with a first MI. Considering that a Type D personality is a stable trait; we suggest that this type of personality is a facilitator of clinical depression and anxiety disorders. These findings emphasize the importance of screening for a Type D personality as a cardiovascular risk marker and a psychiatric risk marker in MI patients.

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#### EV407

##### Misdiagnosis of anterior cutaneous nerve entrapment syndrome as a somatization disorder

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**Introduction** Anterior cutaneous nerve entrapment syndrome (ACNES) is a frequently overlooked disease, causing chronic abdominal wall pain due to entrapment of an anterior cutaneous branch of one or more thoracic intercostal nerves. It is often misdiagnosed as a psychiatric condition, particularly under the heading of a somatization disorder.

**Objectives** We describe the case of a patient who developed depressive symptoms after months of suffering from chronic abdominal wall pain.

**Aims** To report a case-study, describing ACNES as a cause of persistent depressive symptoms.

**Methods** A case-study is presented and discussed, followed by a literature review.