Conclusions Our research discloses that less mindfulness abilities enhances the probability of having lifetime history of depression.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2346

Others

EV1363

Psychosis due to traumatic brain injury – controversies and diagnoses difficulties

A. Amorim
São João da Madeira, Portugal

Introduction A traumatic brain injury (TBI) can cause numerous psychiatric complications. Humor and anxious disorders, personality disorders and psychoses are some of those possible problems. The diagnosis of psychosis due to traumatic brain injury (PDTBI), although controversial, has been subject of crescent debate and the idea that a TBI could cause a psychosis is gaining credibility. Diagnosing a PDTBI can be difficult. DSM-5 criteria are rather vague and there are many potential confounding factors due to similarities with other etiological psychosis.
Objectives and aims Alert clinicians to the diagnosis of PDTBI, clarify this clinical entity and define features that may allow them to do the differential diagnosis with other etiologic psychotic disorders.
Methods The authors performed a research in PubMed using the keywords psychosis and traumatic brain injury and selected the adequate articles to meet the objectives proposed.
Results Differential diagnosis of PDTBI should be done with schizophrenia, schizoaffective psychosis, delusional disorder, substance-induced psychosis, psychosis due to other medical condition and with posttraumatic stress disorder. Differentiating PDTBI and schizophrenia can be particularly difficult. Some features have been proposed in the literature as potentially differentiating, namely the presence of negative symptoms (more common in schizophrenia), findings in MRI/CT and EEG.
Conclusions Establishing PDTBI diagnosis can be difficult. While awaiting new studies, clinicians should, in cases of TBI related psychosis, achieve a meticulous clinical history and mental exam, in order to ensure a correct diagnosis and, therefore, determine an appropriate intervention.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2348

EV1364

Acute psychosis induced by short-term treatment with methylprednisolone – a case report

I.A. Andrei[1,*], A.M. Cristache[2], M.E. Parfene-Banu[2], A.A. Frunză[1], M.C. Boer[3], M.G. Puiu[4], B.E. Patrichi[5], M. Manea[4]
[1] *"Carol Davila" University of Medicine and Pharmacy, Psychiatry and Psychology, Bucharest, Romania*
[2] *"Prof. Dr. Al. Obregia" Psychiatry Hospital, IVth Clinical Department of Psychiatry, Bucharest, Romania*
[3] *"Prof. Dr. Al. Obregia" Psychiatry Hospital, "Prof. Dr. Al. Obregia" Psychiatry Hospital, Bucharest, Romania*
[4] *"Carol Davila" University of Medicine and Pharmacy, Psychiatry and Psychology Department, "Prof. Dr. Al. Obregia" Psychiatry Hospital, IVth Clinical Department of Psychiatry, Bucharest, Romania*
[5] *"Carol Davila" University of Medicine and Pharmacy, Psychiatry and Psychology Department, "Prof. Dr. Al. Obregia" Psychiatry Hospital, IXth Clinical Department of Psychiatry, Bucharest, Romania*
[*] *Corresponding author.*

Steroid treatment has been widely used for immunologic and inflammatory disorders. Psychiatric symptoms are not uncommon complications of the corticosteroid treatment. Correlations between the hypothalamic-pituitary-adrenal (HPA) axis and various psychoses have been already established in the specialty literature (modified HPA activity by drugs or not, glucocorticoid receptors downregulation, reduced hippocampal volume). The prevalence of corticosteroid-induced psychotic disorders varies around 5–6%. Most corticosteroid-induced symptoms start during the first few weeks after treatment initiation, but their onset can also be in the first 3–4 days. We would like to report the case of a 30-year-old woman who was taken to the psychiatry emergency room for psychomotor agitation, auditory and visual hallucinations, and bizarre delusions, disorganized thinking and modified behavior. The patient had no personal or family history of psychiatric illness. One month earlier, she was admitted in a neurosurgery ward and underwent lumbar surgery for L4–L5 disc protrusion; at discharge, eight days later, she began treatment with methylprednisolone 80 mg/day for three days. One week later, psychotic symptoms emerged that resulted in her hospitalization in our ward for apparent steroid-induced psychosis. Treatment with risperidone (up to 6 mg/day) and diazepam (10 mg/day, rapidly discontinued) was initiated. The endocrinology examination revealed modified plasmatic cortisol. The psychosis resolved several weeks later and the patient was discharged. Psychiatric complications induced by steroids underline the role of physicians that have to educate the patients and their families about these side effects and their early recognition.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2349

EV1365

Predictors of aggressive behavior among acute psychiatric patients: 5 years clinical study

T. Aparicio Reinoso[*], S. Gonzalez Parra
Hospiatl Dr. Rodriguez Lafora, Psychiatry, Madrid, Spain
[*] *Corresponding author.*

Introduction The problem of violence and aggressive behaviour among patients with psychiatric disorders need careful assessment to improve the quality of psychiatric care.
Objective The aim of this paper is to describe the characteristics of repeated episodes of violence among patients admitted to a Psychiatric Ward, which is a total of 66 beds at Doctor Rodriguez Lafora Hospital from January 2009 to December 2014.
Methods We designed a retrospective, longitudinal and observational study over a 5-year period in two brief hospitalization units of Doctor Rodriguez Lafora Hospital in Madrid. The main variables studied were: type of admission, diagnosis, age, trigger and shift.
Results In our study, we analyzed the prototypical person who carries out these episodes of aggression: a male between 31–40 years, diagnosed with psychotic disorder or personality disorder, involuntary admitted. This episode is associated as a main trigger to mood disturbances, lack of acceptance of standards and psychotic symptoms. These episodes occur more frequently in the afternoon shift one business day and often processed without injuries or minor bruises to other patients and/or nursing assistants. In our practice, we have observed that in most cases adequate verbal restraint in the beginning is sufficient to prevent the episode of aggression.
Conclusions Understand the aggressive factors can influence the production of violent behavior and the use of appropriate contain-