Introduction Ankylosing spondylitis (AS) is a chronic inflammatory disease, associated with significant pain, functional impairment, and diminished quality of life. However, there is significant uncertainty regarding the prevalence of depression in AS and its associations.
Objectives We performed a meta-analysis to examine the prevalence of depression in AS and its associated correlates.
Methods The study protocol was prospectively registered with PROSPERO (CRD42015019676). EMBASE, Medline, PsycINFO and Web of Science were systematically searched for cross-sectional studies with ≥ 50 adult AS patients, which reported depression prevalence using diagnostic criteria or a validated screening tool. Depression prevalence, tool and threshold used, age, gender, disease duration, as well as measures of disease activity, functional impairment, pain and innate inflammation, were abstracted. OpenMeta was used to calculate pooled prevalence estimates and to conduct meta-regression.
Results Eight hundred and seventy-seven texts were identified and 17 studies satisfied inclusion criteria, totalling 3187 participants (75.2% male). Six diagnostic tools and 10 different thresholds were reported, with depression prevalence estimates ranging from 4.9–55.5%. In studies using the depression subscale of the Hospital Anxiety and Depression Scale (HADS-D), 37.1% of participants satisfied criteria for mild (≥ 8) and 8.2% met criteria for moderate depression (≥ 11). Multivariate meta-regression demonstrated significant positive correlations between depression and, respectively, disease activity ($P < 0.001$) and C-reactive protein ($P < 0.001$).
Conclusions The prevalence of depression in AS is comparable with that of other rheumatic and degenerative diseases. Moreover, depression demonstrates significant associations with age, inflammation and disease activity, which require further investigation in prospective studies.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW148

Psychological factors influence the symptoms of Gastroesophageal Reflux Disease (GERD) and their effect on quality of life in Korean fire fighter

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Objective The aim of the study was to investigate the psychological factors influence the symptoms of gastroesophageal reflux disease (GERD) and their effect on quality of life in Korean Fire Fighters.
Methods This study examined data collected from 1217 fire fighters. Depression and Anxiety were identified using the Patient health questionnaire-9(PHQ-9) and the 7-item Generalized Anxiety Disorder Scale. Occupational stress and Stress coping were identified using the KOSS-26 and the Ways of Coping Checklist-Revised. Self-esteem and quality of life were identified using the Rosenberg's Self-Esteem Scale and World Health Organization quality of life scale abbreviated version (WHOQOL-BREF). The scores for anxiety, depression and QoL of the two groups were analyzed. The correlation between psychological factors and QoL was also analyzed.
Results Current psychological variables were associated with increased odds of concurrent GERD-related symptoms. Current depression, anxiety and stress were associated with increased odds of GERD-related symptoms. According to the WHOQOL-BREF, depression, anxiety, stress, stress coping and self-esteem were significantly correlated with quality of life in patients with GERD. Quality of life was obviously affected by psychological variables in patients with GERD.
Conclusions These results indicate that psychological symptomatology, depression, anxiety, occupational stress and self-esteem are associated with GERD-related symptoms. Acknowledging this common comorbidity may facilitate recognition and treatment, and opens new questions as to the pathways and mechanisms of the association.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW149

The syndrome of irreversible lithium-effectuated neurotoxicity: Clinical case and review

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Introduction Lithium is a mood stabilizer used in the treatment of bipolar disorder. Lithium has recently been associated to permanent neurological damage namely persistent cerebelar dysfunction as well as peripheral and central neuropathies.
Objectives To present a clinical case of a probable Syndrome of Irreversible Lithium-effectuated Neurotoxicity (SILENT) and a review of the literature concerning this rare syndrome.
Aims Increase awareness and knowledge of SILENT.
Methods Psychiatric and psychological evaluation of a probable clinical case of SILENT and review of the literature using the key words "lithium neurotoxicity" and "Syndrome of Irreversible Lithium-effectuated Neurotoxicity".
Results A 54-year-old female patient was admitted in our hospital due to involuntary lithium intoxication, with acute renal and cardiovascular failure, neurological, metabolic and electrolytic dysfunction in an acute confusional state and in need of dialysis. The patient clinical picture rapidly improved although, when she achieved normal lithium seric levels, it was observed a worsening of the preexisting confusional state followed by two consecutive generalized tonic-clonic convulsions and a partial convulsion. A short time after, it was recognized the development of a persistent catatonic state. It was detected urinary incontinence and repetitive, monosyllabic, incoherent, short phrased speech featuring echolalia, together with emotional lability and incongruous affect. The patient slightly improved with the introduction of anti-Parkinson's pharmacotherapy.
Conclusions This clinical case raises several differential diagnoses due to its psychiatric and neurologic characteristics. We conclude that the most probable diagnosis is SILENT.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW150

Psychiatric symptoms as a presentation of central nervous system involvement in Chagas disease, a case report

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Introduction Psychiatric symptoms set forth brain dysfunction at several levels. Behavioral disturbances, although frequently associated to primary psychiatric disorders, call for a previous discard of neurologic treatable causes.
Case report We report the case of a 30-year-old gentleman, receiving outpatient psychological treatment and follow-up for a 3-month history of low mood, abulia, apathy, generalized malaise, weight loss and insomnia. Non-structured jealous delusions were also present. No neurological deficit was found. After CT of the brain, a space occupying lesion, suggestive of glioblastoma multiforme, was found. Further studies, including biopsy and a MR, led to the diagnosis of central nervous system Chagas, related to a previously unknown HIV infection in AIDS status, and conditioning a secondary central hipothyroidism. Careful treatment of the etiological factors, along with symptomatic relieve with low dose paliperidone, led to the resolution of the symptoms.
Discussion The majority of patients suffering from neurologic diseases develop psychiatric symptoms over the course of their illness, with or without the presence of classical disturbances, such as weakness, sensory loss or seizures. Modern psychiatry uses a complex disease model, therefore necessarily integrating anatomy, biochemistry and function during every diagnostic approach.
Conclusion It is necessary to rule out frequent treatable causes, thus involving both psychopatological and neuroscientific approach to psychiatric disturbances. However, while underlying causes are often difficult to treat, psychiatric symptoms respond to existing pharmacologic and nonpharmacologic therapies.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW151

Psychotic symptoms in a patient diagnosed with temporal lobe epilepsy and schizoaffective disorder

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Introduction Epilepsy is considered a complex neurological disorder, and its clinical picture can resemble many different cerebral dysfunctions, including those associated to major psychiatric disorders.
Case report We report the case of a 52-year-old gentleman, with a 30-year history of schizoaffective disorder and of complex partial epilepsy with secondary generalization. He was admitted to an emergency room due to a voluntary overdose with 8 mg of clonazepam. The patient explained how he had recently experienced visual hallucinations and insomnia, symptoms that originally led to the psychotic diagnosis. He had previously presented these symptoms, along with stupor, delusions and lability, as a prodrome of complex motor epileptic decompensations. Thus, he took the overdose not to suffer seizures. After carefully reconstructing the clinical history, psychiatric admissions had shown seizures, and periods of clinical stability had been achieved by regulating antiepileptic medication. Eslicarbazepine and lamotrigine reintroduction, and quetiapine withdrawal, led to symptomatic remission.
Discussion Epilepsy and major psychiatric disorders show a high comorbidity. There has been an effort to even include epilepsy and psychosis in a unique diagnosis (alternant psychosis). Furthermore, polimorphism and restitutio ad integrum may resemble classic cycloid psychosis. In this case, chronological study showed all symptoms could be explained by one disorder.
Conclusion Epilepsy includes a variety of neuropsychiatric symptoms. It can be difficult to withdraw psychiatric diagnoses from patients after years of follow-up. However, a carefully taken medical history clarifies temporal criteria.
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EW152

Evaluation of psychomotor/motor disturbances in elderly medical inpatients

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Introduction Traditionally psychomotor subtypes have been investigated in patients with delirium in different settings and it has been found that those with hypoactive type is the largest proportion, often missed and with the worst outcomes.
Aims and objectives We examined the psychomotor subtypes in an older age inpatients population, the effects that observed clinical variables have on psychomotor subtypes and their association with one year mortality.
Methods Prospective study. Participants were assessed using the scales CAM, APACHE II, MoCA, Barthel Index and DRS-R98. Pre-existing dementia was diagnosed according to DSM-IV criteria. Psychomotor subtypes were evaluated using the two relevant items of DRS-R98. Mortality rates were investigated one year after admission day.
Results The sample consisted of 200 participants [mean age 81.1 ± 6.5; 50% female; pre-existing cognitive impairment in 126 (63%)]. Thirty-four (17%) were identified with delirium (CAM+). Motor subtypes of the entire sample was: none: 119 (59.5%), hypo: 37 (18.5%), mixed: 15 (7.5%) and hyper: 29 (14.5%). Hypoactive and mixed subtype were significantly more frequent to delirious patients than to those without delirium, and none subtype more often to those without delirium. There was no difference in the hyperactive subtype between those with and without delirium. Hypoactive subtype was significant associated with delirium and lower scores in MoCA (cognition), while mixed was associated mainly with delirium. Predictors for one-year mortality were lower MoCA scores and severity of illness.
Conclusions Psychomotor disturbances are not unique to delirium. Hypoactivity, this "silent epidemic" is also part of a deteriorated cognition.
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EW153

Use of antipsychotics and antidepressants in patients with HIV

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Introduction Psychological distress appears in the majority of people infected with HIV. Depression is the most important affection, the prevalence in comparison with general population arises to 37%. Psychotic symptoms in patients with HIV are a very frequent