

remains unknown. The optimal treatment is to establish prophylactic migraine medications like amitriptyline. In the prodromal phase, it could be used ketocorolaco or sumatriptan and in the acute phase, ondansetron or lorazepam. Because of the morbidity associated with CVS, in particular the severity of symptoms, it is necessary to conduct more studies in adults.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further readings

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EV1376

Boderline versus personality

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Introduction Latest classifications led to an inflamed debate urging for change or validation in the way personality disorders are classified. The placement in psychiatric classifications of several personality disorders, particularly Borderline Personality Disorder (BPD), is also a matter of discussion.

Objectives and aims The present work aims to question BPDs place in classification alongside with other personality disorders, rather than focusing on the algorithms used to classify it. The authors review updated literature on core features of the disorder collected from online scientific databases.

Results Studies reveal that the stability of the diagnosis of BPD over the longer term is less than what standard general definitions of personality disorders would appear to require. It is a chronic and debilitating syndrome with severe functional and psychosocial impairment that remain relevant when comparing to other personality disorders. Additionally, these measures show further declines over time in spite of improvement in psychopathology, in contrast to what happens with other personality disorders. Several misconceptions may have led to the placement of BPD on former axis II, namely being a direct consequence of trauma and merely explained by environmental factors. However, recent research on heritability shows the contrary and several neurobiological markers suggest it has got a nature of its own.

Conclusion BPD is probably the most studied and validated personality disorder and has substantially greater empirical basis, clinical significance and public health implications, being both enduring and distinct from other personality disorders. We suggest the placement of BPD as major psychiatric disorder in classifications.

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Comorbidity of adult ADHD and obsessive-compulsive disorder

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Introduction In prospective and controlled studies followed up until adult age of patients diagnosed with ADHD in their childhood, the most frequent comorbid disorders were major depressive disorder,

personality disorder (borderline and antisocial), substance use disorder and, less frequently, panic disorder and obsessive compulsive disorder.

Objectives We report the case of a male patient aged 60, diagnosed with obsessive-compulsive disorder from his adolescence. His psychopathological progress has become aggravated over the years. Nowadays, he presents an important restlessness, which has led him to social isolation and family claustrophobia.

Methodology Our patient is admitted to the Psychiatric Day Hospital with an appropriated treatment for his OCD (sertraline and aripiprazole). After several days under observation, we used the scales ASRS-V1.1 y WURS finding results that suggested adult ADHD. Extended release methylphenidate was prescribed, with a fast improving of our patient's symptoms of restlessness, insecurity and impulsion phobia. He was discharged from the Centre for Psychosocial Rehabilitation showing a good evolution.

Results – Anankastic personality disorder (F60.5);

– Dependent personality disorder (F60.7);

– Hyperkinetic disorders (F90).

Conclusions Seventy-five percent of adults diagnosed with ADHD have comorbid disorders that should be used as severity rates, since they may cover up the ADHD symptoms or complicate the response to treatment. Adults with ADHD present high score on the scales “social maladjustment” and an often concomitant and polymorphic psychiatric pathology, object of varied diagnoses.

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Description of the activity of a psychiatric day hospital from its opening up to the present day

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Introduction Description of the most relevant data found in a Psychiatric Day Hospital opened ten months ago in the hospital complex of Ávila.

Objectives The goal is to evaluate clinical and management data in patients of the Psychiatric Day Hospital.

Methods Retrospective cross-sectional descriptive study. A data collection form where each patient is classified into: sex, age, average stay, first admission or readmission, origin, reason for discharge, destination on discharge and diagnoses (classification ICD-10) was used.

Results From the opening of the Psychiatric Day Hospital ten months ago, 58 patients have been admitted: 70.7% women and 29.3% men. Readmissions: 1.7%. Their origin was: psychiatric hospitalization (53.5%), outpatient department (31%), emergency room (13.8%) and Centre for Psychosocial Rehabilitation (1.7%). 41 out of 58 patients have been discharged. Reasons for discharge: improvement (78%), referral to other units (7.4%), voluntary discharge (4.8%) and others (9.8%). The destination on discharge was: outpatient department (90.4%), Centre for Psychosocial Rehabilitation (4.8%), and Inpatient Rehabilitation Unit (4.8%). The most frequent diagnoses on discharge were: bipolar affective disorder, adaptation, emotionally unstable personality disorder, dysthymia, persistent delusional disorders, specific personality disorders and severe depressive episode with psychotic symptoms.

Conclusions The Psychiatric Day Hospital is an intensive treatment unit with a partial hospitalization system, which is distinguished by the variety of patients it is able to admit, as well as the clinical and management benefits the dynamic of these units can provide.

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EV1379

Psychoses of epilepsy – “Acute attacks of insanity”. What literature says and how we act

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Introduction Patients with epilepsy seem particularly liable to certain major psychiatric disorders. Prevalence of schizophrenia within an epileptic population varies between 3% and 7% (1% in general population). The aetiology is possibly multifactorial (drugs and neurosurgery).

Objectives To study comorbidity between psychoses and epilepsy and management in the literature and in our patients.

Aims To analyze factors that might influence the onset of psychoses within an epileptic population and how this potential association could influence our practice.

Methods PubMed search was conducted with interest in psychoses of epilepsy, pharmacology, and comorbidity. Up to 10 variables related with factors influencing psychotic episodes that required hospital admission in three patients with epilepsy were studied.

Results Unlike published data, our patients did not have postictal psychoses. All cases had early onset temporal lobe epilepsy with no seizure activity since diagnosis (more than 20 years). No family history of either epilepsy or psychoses. Management included lamotrigine, oxcarbazepine, carbamazepine, zonisamide, and levetiracetam in conventional doses. The psychosis, which comprised affective, schizophrenic, and confusional elements, lasted longer and was more troublesome than psychosis in non-epileptic patients. Response to neuroleptics was poorer than in non-epileptic patients with psychoses. Consultation with Neurology Unit resulted in end of treatment with zonisamide and levetiracetam.

Conclusions Less than perfect evidence suggests the association between psychosis and epilepsy. In our patients, no postictal cases were recorded. Management showed poorer effect of neuroleptics when compared with non-epileptics, and zonisamide and levetiracetam were changed for other drugs with presumably lower association with psychoses.

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EV1382

Neurosyphilis and early-onset major neurocognitive disorder – Case reports

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Introduction Neurosyphilis has been called “the great imitator” because of its atypical clinical presentation ranging from motor

dysfunctions to psychotic episodes to dementia. This, and the fact that it has become a rare disease, makes diagnosis challenging.

Objective This work will present three early onset Major Neurocognitive Disorder cases for which neurosyphilis was considered as a possible cause.

Aims In this presentation, we underline clinical characteristics that should raise the suspicion of neurosyphilis and the importance of an adequate diagnosis.

Methods The three patients presented as case-reports were admitted to an acute psychiatric ward, presenting with psychomotor agitation and aggression. The initial clinical evaluation (including the patient’s medical history) did not suggest the presence of syphilis. Subsequent blood-tests were performed, including RPR (Rapid Plasma Reagin) or VDRL (Venereal Disease Research Laboratory) which were positive in all three cases. Other tests were performed in order to confirm the presence of neurosyphilis.

Results All three patients had positive treponemal and nontreponemal test results. For only one of the three patients, imaging abnormalities of the brain were present. For two of the patients, a positive diagnosis of Major Neurocognitive Disorder due to neurosyphilis was established.

Conclusions Neurosyphilis can be a cause for Major Neurocognitive Disorder. The diagnosis of this pathology is important because cognitive function can be improved by adequate treatment.

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EV1383

Criteria and concurrent validity of DIVA 2.0: A semi-structured diagnostic interview for adult ADHD

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Introduction Attention Deficit Hyperactivity Disorder (ADHD) prevalence in the general adult population is estimated to be between 2–4%. Despite the high prevalence, until recently there was only one validated semi-structured interview available for the accurate diagnostic assessment of ADHD within the adult population: the Conners Adult ADHD Diagnostic Interview for DSM-IV (CAADID).

Objectives To examine the concurrent validity of the DIVA 2.0 interview comparing the diagnostic rate with the CAADID interview. To analyse the criterion validity of the DIVA 2.0 in the Spanish language in an adult sample.

Aims The aim of this is to study to evaluate criterion validity of the DIVA 2.0 in an adult sample comparing with the CAADID and other ADHD severity scales.

Methods A transversal study was performed to check the criteria and concurrent validity of the DIVA 2.0 compared to the CAADID.

Results Forty patients were recruited in an adult ADHD program at a university hospital. The DIVA 2.0 interview showed a diagnostic accuracy of 100% when compared with the diagnoses obtained with the CAADID interview and good correlations with three self-reported rating scales: the WURS, the ADHD Rating Scale and Sheehan’s Dysfunction Inventory.

Conclusions The DIVA 2.0 has good psychometric properties and is a reliable tool for the assessment of ADHD in adults.

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