

**Methods** A cross-sectional study was carried out in March 2016, with 87 patients hospitalized in the clinical and surgical wards at the University Hospital (Sergipe/BR), through two instruments: (1) Structured Questionnaire prepared by the authors, (2) Beck Depression Inventory (BDI). Data analysis through descriptive and analytical statistics with final step of logistic regression.

**Results** The prevalence of DS were 54%, of which 24% correspond to moderate and severe symptoms, and only 3.4% of the patients had a LP. In Logistic Regression, the only factor associated with DS was the reason for hospitalization. Clinical causes (87.2%) were 9.24 times more likely to develop DS than surgical causes.

**Conclusions** Results suggest a high prevalence of inpatients with some psychic symptom. Physicians did not detect these symptoms and, therefore, LP request was low. These data reinforce the importance of LP for early identification of DS that should be stimulated during medical training.

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## EV0296

### Cognitive behavioral therapy for chronic migraine

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**Aim** Although current standard treatment for migraine headache is medication, high levels of psychological comorbidity has led to migraine influencing by cognitive, emotional and environmental factors, as well as biological. Viewing migraine in a biopsychosocial framework introduces the possible utilisation of psychological treatment options, such as cognitive behavioural therapy (CBT). The aim of this study was to evaluate the efficacy of CBT for chronic migraine.

**Methodology** Thirty-five participants diagnosed as chronic migraine were recruited from Headache Clinic. According to inclusion criteria 14 participants, underwent bi-weekly lasting 30 minutes CBT sessions for 6 months, were administered Hamilton Anxiety Scale, Hamilton Depression Scale, Visual Analog Scale (VAS) and the Migraine Disability Assessment Scale (MIDAS) before and after CBT.

**Findings** Nine of the participants were female and 5 male. Mean age of group was  $34.35 \pm 8.17$ . Duration of illness was  $13.07 \pm 7.18$  and 12 of participants had the history of a psychiatric illness whose diagnoses were depression (7), anxiety disorder (4) and post-traumatic stress disorder (1). Nine of the patients had prophylactic migraine treatment. There were statistically significant difference in Hamilton Depression scores between before CBT ( $29.07 \pm 7.74$ ) and after CBT ( $14.21 \pm 7.7$ ); in Hamilton Anxiety scores before CBT ( $26.8 \pm 11.7$ ) and after CBT ( $11.7 \pm 2.6$ ); in VAS scores before CBT ( $8.07 \pm 0.91$ ) and after CBT ( $3.71 \pm 1.32$ ); in frequency of migraine attacks between before CBT ( $10.85 \pm 3.50$  day) and after CBT ( $4.92 \pm 2.70$  day) and in MIDAS before CBT ( $55.5 \pm 20.4$ ) and after CBT ( $20.12 \pm 16.6$ ) ( $P < 0.05$ ).

**Conclusion** CBT might reduce the severity of symptoms in migraine patients especially with the comorbidity of psychiatric illness.

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## EV0297

### Report of clinical case: Catatonic symptoms as a result of cerebral venous sinus thrombosis

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**Clinical case** We present the case of an 18-year-old woman attending the emergency room due to behavioral disorders that appeared 24 hours ago. The clinic was of restlessness, uninhibited behavior, stereotyped movements, global insomnia, semimutism and negativism. Initially she was diagnosed with catatonia, and was admitted to the Mental Health Hospitalization Unit. There were no previous psychopathological antecedents, although relatives reported that she had several stressors. During admission, she had a partial response to benzodiazepine treatment, and a loss of strength in the left upper limb was evidenced, and venous sinus thrombosis was diagnosed. With the anticoagulant treatment, the psychiatric symptomatology presented was markedly improved.

**Medical examination** Normal vital signs, afebrile. Absence of focal neurological signs. Stereotyped movements, oral-buccal dyskinesia. Negativism, disinhibition and oppositional behaviour. Supplementary tests with results within the normal range. Cranial MRI: Upper, transverse and sigmoid right sagittal sinus thrombosis.

**Conclusions** Numerous cases of thrombosis have been documented as a result of a catatonic state, mainly due to the immobilization and the risk involved. However, in this case, sudden onset of psychiatric symptoms, absence of psychiatric antecedents, and excellent response to anticoagulant therapy, leads us to conclude that catatonic symptoms could be considered as a consequence of cerebral edema caused by thrombosis. The presentation of catatonia as the sole cause of a somatic disorder is not common, but would be stimulated by certain factors, such as excessive stress and personality disorders, documented as vulnerability factors for such symptoms.

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## EV0298

### The impact of coping on self-esteem and mental status of patients with COPD

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**Introduction** COPD (chronic obstructive pulmonary disease) is a chronic illness associated with psychological distress. Self-esteem and the associated comorbidities, like depression and anxiety, can influence its evolution.

**Objectives** To analyze how predominant coping styles associated with different levels of self-esteem and mental status in patients with COPD.

**Aims** To demonstrate that different types of coping-styles have an impact on self-esteem, depression and anxiety.