

review will facilitate the understanding of symptoms in order to effectively diagnose and provide a holistic early treatment approach.

**Methods** A case report of a 72-year-old woman with bilateral cerebellar lesions with high pre-morbid function presented with classic symptoms of CCAS. Multidisciplinary workup included medical, psychiatric, neuropsychological assessment (R-BANS (Form 1), Digit Span, Verbal fluency tests, the Hayling Test, the Delis-Kaplan Executive Function System) as well as other investigations (neuroimaging and blood tests) were conducted on the patient to confirm CCAS and exclude other differential diagnoses.

**Results** The results from the medical assessments conducted showed symptoms of cerebellar dysfunction. A psychiatry and neuropsychological review revealed aggression, irritability, disinhibition, deterioration in cognitive function and personality changes. A multidisciplinary team was formed to rehabilitate the patient however patient was non-compliant with therapy. The patient was prescribed Seroquel 50 XR and she responded well to the medication.

**Conclusion** This case review illustrates the challenges associated with engaging a CCAS patient in rehabilitation activities due to cognitive and mood disorders. The use of psychotropic medications can be an effective method in improving cognition and mood disorders in CCAS patients. Early psychiatry and psychological intervention can significantly improve the overall outcome of a patient diagnosed with CCAS.

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#### EV0308

### Neuropsychiatric and behavioural manifestation in a rare lysosomal storage disorder (Fabry's Disease): A case study

#### A case study

D. Roy

The Prince Charles Hospital Metro North Health Services, Acute Care Team, Departement of Psychiatry, Chermshire, Australia

\* Corresponding author.

**Introduction** Case presentation of a young woman Ms. SH, with neuropsychiatric presentation in a rare Lysosomal Storage Disorder (Fabry's disease).

**Case report** A 19-year-old female with Fabry's disease (FD) presented initially with symptoms of obsessions of dirt and contamination and compulsions of washing and also with overvalued persecutory ideas of being followed. Since the age of 14, she had suffered from various psychiatric symptoms increasing in frequency and intensity. Routine examinations including cognitive testing, electroencephalography and structural magnetic resonance imaging revealed no pathological findings. During the course of a year, her OC symptoms improved significantly with the use of Fluoxetine 40 mg mane. However, she then became more depressed and psychotic (despite continuing on Fluoxetine). Addition of Risperidone (gradually increased to 2 mg nocte) led to attenuation of her symptoms and she recovered completely over a course of another 6 months.

**Discussion** Mental and behavioural symptoms in Fabry Disease usually begin during late childhood or adolescence but may not become apparent until the second or third decade of life. Early symptoms include episodes of severe burning pain in the hands and feet and skin lesions. The psychiatric manifestations can be varied, e.g. the index patient, initially presented with what appeared like an Obsessive Compulsive disorder but later as a depressive illness (Muller et al., 2006) with psychotic symptoms.

**Conclusions** To showcase mental and behavioural symptoms associated with a rare disorder like Fabry's disorder and treatment options may be helpful.

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#### EV0309

### Referrals of patients with schizophrenia to a consultation-liaison psychiatry service

R. Sánchez González<sup>1,\*</sup>, E. Baillès Lázaro<sup>2</sup>, S. Herranz Villanueva<sup>2</sup>, L. Pintor Pérez<sup>2</sup>

<sup>1</sup> Institut de Neuropsiquiatria i Addiccions. Parc de Salut Mar., Department of Psychiatry, Barcelona, Spain

<sup>2</sup> Institut de Neurociències. Hospital Clínic i Provincial de Barcelona. Institut d'Investigacions Biomèdiques August Pi i Sunyer.,

Department of Psychiatry, Barcelona, Spain

\* Corresponding author.

**Background** There are few studies specifically investigating the acute treatment procedures of patients with schizophrenia in the context of Consultation-liaison psychiatry (CLP).

**Purpose** Describe the main clinical features of the referrals of patients with schizophrenia, attended by a general hospital CLP service.

**Methods** Longitudinal observational and descriptive study, assessing adult inpatients with schizophrenia (DSM-IV-TR criteria) admitted to non-psychiatric units of Hospital Clínic of Barcelona (Spain), who were consecutively referred to our CLP service over a 10-year period (from January 1, 2005, through December 31, 2014). **Results** During that period, 9,808 psychiatric consultations were requested. 163 of them (1.8%) concerned patients with schizophrenia. These groups of patients were aged 50.9 ± 15.3 years and 65% were male. A 25.9% of patients had history of suicide attempts and 45.6% presented current psychosocial stressors.

**Characteristics of referrals** Referral sources according to medical specialties are shown in **Table 1**.

The major medical conditions for referral according to ICD-10 categories were: external causes of morbidity (21.5%), infectious diseases (13.5%) and diseases of the digestive system (10.4%).

The two most frequent reasons for referral were the assessment of psychopharmacological treatment and/or psychopathological state examination (62%) and suicidal risk/attempt assessment (8.6%).

**Conclusions** In our sample, only a 1.8% of all patients for whom psychiatric consultation was requested had a diagnosis of schizophrenia. The most common profile of them was: male, 50 years old, coming from general medicine department due external causes of morbidity and referred to the CLP service because of psychiatric state and/or medication review.