NMDAR in the CSF and serum confirm the diagnosis of NMDAR encephalitis.

Case report We report the case of a previously healthy, 19-yearold woman, 6 weeks pregnant. She had a generalized tonic-clonic seizure followed by psychiatric symptoms, including insomnia, emotional lability, delusions, and disorganized behavior. During the course of the disease, she demonstrated speech impairments and catatonic features associated with abnormal movements.

She was provided lorazepam 1 mg twice a day to treat her catatonic symptoms, her insomnia and her speech improved. Olanzapine was introduced, reaching a dose of 20 mg/day for managing psychosis and agitation.

Discussion NMDA-R encephalitis is a novel disorder with prominent psychiatric manifestations that is widely underdiagnosed. Neuroleptics may be helpful for managing psychosis and agitation, but may exacerbate movement abnormalities. Benzodiazepines are helpful for agitation, insomnia and catatonia associated with this condition.

Conclusion Earlier recognition of this illness is crucial as prompt diagnosis and multidisciplinary treatment, can potentially improve prognosis. There is an increasing need for psychiatrists to become aware of the disorder and consider it in their differential diagnosis, specially in patients with new onset psychosis, history of encephalitis or subtle neurological symptoms. Careful selection of psychopharmacological interventions may reduce suffering.

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EV963

Depression among HIV-infected patients–a reality that must not be forgotten

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Introduction HIV-infection is a very stigmatized, chronic disease with increased rates of psychiatric disorders, being major depression the most common.

Objective To review the recent research related to depression in HIV-infected patients.

Methods Literature review based on PubMed/Medline, using the keywords "HIV" and "depression".

Results HIV-infected patients have a chance 2-7 times higher of developing major depression, around the time of diagnosis or during the course of their illness. However, only fewer than 50% of the cases are recognized clinically. Several factors contribute to its under-recognition and under-treatment, such as the overlap between the neurovegetative symptoms of depression, the somatic symptoms of HIV disease, and the effects of comorbid diseases; the mistaken belief that depressive symptoms are expected in this group; the neuropsychiatric side effects associated with some antiretrovirals. Besides, major depression presents important diagnostic challenges due to biological, psychological, and social components associated with the infection. The authors will analyze the clinical presentation.

Depression has been associated with a negative impact on quality of life, poorer HAART adherence, faster HIV disease progression and increased mortality risk. Importantly, however, appropriate psychiatric intervention can do it over. In fact, studies suggest that patients receiving SSRI treatments for depression have rates of adherence and CD4⁺ T-cell counts similar to non-depressed patients receiving HAART.

Conclusions The high prevalence of major depression in HIVpositive individuals and its serious consequences if untreated, increase even further the importance of its effective identification and subsequent treatment in this group of patients.

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EV964

Anxiety among HIV-infected patients – when anxiety is a disorder and not simply a natural reaction to a life-threatening illness

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Introduction HIV infection is a chronic disease characterized by a great deal of uncertainty and unpredictability, being anxiety disorders a frequent psychiatric problem.

Objective To provide an overview of anxiety in HIV-infected patients.

Methods Literature review based on PubMed/Medline, using the keywords "HIV" and "anxiety disorders".

Results HIV-infected individuals can experience symptoms of anxiety across the spectrum of anxiety disorders. Adjustment disorder with anxious mood is the most common diagnosis, followed by generalized anxiety disorder and panic disorder. Some patients present with these disorders prior to notification, others develop them during the course of their illness, mainly at key moments. In HIV-infected patients, anxiety can be a manifestation of side effects of medication; a symptom of an illness associated with HIV disease; or, most commonly, the psychological response to the stressors of the illness. In fact, many issues are responsible for the anxiety experienced by people living with HIV. The authors will analyze them. Besides the distress of anxiety disorders, these lead to a decrease in adherence to antiretroviral treatments, resulting in adverse progression of HIV disease and increased risk of mortality. Importantly, however, appropriate psychiatric intervention can do it over.

Conclusions Careful diagnosis and treatment of anxiety disorders in the context of HIV disease is even important, given the serious effects if untreated. Thus, anxiety should never be seen simply as a natural reaction to a life-threatening illness.

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EV965

AIDS mania – is it a potential indicator to initiate HAART?

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Introduction Mania occurs in higher rates among individuals with HIV/AIDS, especially with the progression of HIV infection, and constitutes an additional risk factor for facilitate the HIV spread. *Objective* To provide an overview of secondary mania in HIV-infected patients.

Methods Literature review based on PubMed/Medline, using the keywords "HIV", "AIDS" and "mania".

Results Secondary mania or AIDS mania may be due to illicit or prescribed drugs, CNS infection with HIV, medical illness, including opportunistic infections. Of these, HIV neurotoxicity has been proposed to be the most important factor in its pathogenesis. Mania AIDS differs from primary mania with regard to clinical presentation, course, management and prognosis. The authors will analyze them. Besides decrease to treatment adherence, maniac symptoms also predispose to HIV risk behaviors, which may lead to further HIV transmission. Importantly, the occurrence of HIV mania may announce the transition from HIV infection to AIDS perhaps before other clinical signs are evident. Early recognition and treatment of manic symptoms with mood stabilisers, antipsychotics and HAART improve quality of life, protect from further cognitive deterioration and decrease mortality. In these patients, medication side-effects toxicity, drug interactions, and adherence require special attention. Mania has been associated with HIV/AIDS and in Conclusions many instances acts as a barrier to achieving best treatment outcomes. Thus, psychiatrists need to be aware of the complexities involved in the emergence of manic episodes in HIV-infected patients in order to deal with them in the most appropriate and effective manner.

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

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EV966

Modulation of the nuclear factor (erythroid 2-derived)-like 2 pathway by antidepressants in rats

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Introduction Patients with major depression who are otherwise medically healthy have activated inflammatory pathways. It has been described that depression is not only escorted by inflammation but also by induction of multiple oxidative/nitrosative stress pathways. Nevertheless, there are finely regulated mechanisms involved in preserving cells from damage, such as the nuclear factor Nrf2.

Aims To explore in a depression-like model the Nrf2 pathway in the prefrontal cortex (PFC) and the hippocampus of rats and to analyze which classic antidepressants affect the antioxidant activity of the Nrf2 pathway.

Methods Male Wistar rats were exposed to chronic mild stress (CMS) and some of them were treated with desipramine, escitalopram or duloxetine. We studied the expression in the PFC and hippocampus of upstream and downstream elements of the Nrf2 pathway and the oxidative damage induced by the CMS.

Results After exposure to a CMS protocol, in the PFC, there is an inhibition of upstream and downstream elements of the Nrf2 pathway. Moreover, antidepressant treatments, particularly desipramine and duloxetine, are able to recover some of these elements and to reduce the oxidative damage induced by the depression model. In the hippocampus however, Nrf2 pathways are not that affected and antidepressants do not have many actions.

Conclusions Nrf2 pathway is differentially regulated by antidepressants in the PFC and hippocampus. The Nrf2 pathway is involved in the oxidative/nitrosative damage detected in the PFC after CMS exposure. However, it seems that Nrf2 is not very involved in the effects caused by the CMS in the hippocampus. *Disclosure of interest* The authors have not supplied their declaration of competing interest.

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Psychopathology

EV967

Auditory hallucinations in a deaf patient? – A clinical report

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Introduction According to some studies, deaf psychiatric inpatients have prevalence rates of psychotic disorders ranging from 20 to 54%. There are descriptions of the paradoxical finding that prelingually deaf patients with psychosis may hear voices.

Objectives To present a case report and conduct a database review in order to understand if deaf patients with psychosis can have auditory hallucinations.

Aims The authors' aim is to describe a case, highlight the clinical and scientific relevance of auditory hallucinations in deaf patients and the difficulties and limitations of this process.

Methods A Pubmed database search using as keywords "auditory hallucinations", "deaf" and "deafness" and retrieved papers were selected according to their relevance.

Results The authors report a case of a 47-year-old female patient apparently suffering from congenital deafness. The patient had no previous psychiatric history until 4 months prior to her admission at our institution, when she started having psychotic symptoms. The patient was admitted into a Neurology ward but because no neurological sign was found psychiatric liaison consultation was requested. Four months later, she had the same symptoms, describing a voice that said to "shut up" and was admitted to a psychiatric hospital. After medication, the symptoms relapsed and now she is followed in an outpatient setting.

The presence and nature of auditory hallucinations in deaf patients is not fully elucidated and there are methodological problems in the investigation of this subject.

Conclusions Current evidence is still inconclusive and the fact that prelingually deaf patient hear voices needs further research. *Disclosure of interest* The authors have not supplied their declaration of competing interest.

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EV968

"Yo Soy La Desintegración": Helplessness and sublimation through Frida Kahlo's history J. Becker

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Considering the relevance of studying the pathologies of emptiness for contemporaneous clinic, this work approaches the correlation