

Table 1 Referral source (n = 163).

Specialty	Number	%	Number/year
General Medicine	42	25.9	4.2
Surgery	13	8	1.3
Trauma and Orthopaedics	13	8	1.3
Intensive Care Unit	12	7.4	1.2
Infectious diseases	10	6.2	1
Haemato-Oncology	10	6.2	1
Respiratory Medicine	9	5.6	0.9
Hepatology	8	4.9	0.8
Cardiology	8	4.9	0.8
Neurology	7	4.3	0.7
Urology and Nephrology	7	4.3	0.7
Gastroenterology	6	3.7	0.6
Other	18	11.1	1.8

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EV0310

A case report of mansonellosis with neuropsychiatric symptoms

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Introduction According to the WHO, tropical diseases affect 1/5 of the world population, being increasingly frequent in Europe. Most of these diseases produce mainly physical symptoms, but the appearance of accompanying neuropsychiatric symptoms are not uncommon.

Objective To present a clinical case of mansonellosis with neuropsychiatric symptoms.

Clinical case Twenty-two-year-old man from Equatorial Guinea, resident in the European Union for 3 years without psychiatric history. His medical history included recurrent malaria, syphilis treated with penicillin and he was HBsAg carrier.

He presented with a 10 month history of headache, pruritus, retrograde amnesia, episodes of anxiety and persecutory delusions. Previously he had gone to the emergency room several times. Cranial CT scan showed no abnormalities. Anxiolytic treatment with benzodiazepines was started, with partial response of the symptoms.

The blood tests revealed a WBC count of $62 \times 10^9/L$ leukocytes with 11% eosinophils, IgE 5242 IU/mL and IgG 1740 mg/dL. Given the suspicion of filarial infection, a thick blood film was done, the result being positive for *mansonella perstans*. He was administered treatment with albendazole 400 mg/12 h for 10 days and ivermectin in single dose. One month after start of treatment the patient was asymptomatic with complete resolution of the neuropsychiatric symptoms and correction of eosinophilia.

Results The patient's origin, his medical history and the typical symptoms of parasitosis should raise the suspicion of an infectious origin of the neuropsychiatric symptoms.

Conclusions The patients from tropical regions with neurological and/or psychiatric symptoms should undergo comprehensive diagnostic workup to rule out an infectious disease as a possible cause.

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Describing the assistance, the basis for improvement

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Introduction Consultation-liaison (CL) psychiatry is a branch of psychiatry that study and treat mental health of patients with other medical or surgical conditions. The assistance between hospitals and health services is heterogeneous.

Aims and objectives For this reason, the objective of our research is to define the clinical characteristics from our CL service and check out the quality relationship with the applicant service, for improving future assistance.

Methods We made a descriptive analysis of clinical variables from the patients who received assistance during 2 months by the CL service from the hospital del Mar, Barcelona. We got the frequencies and we used the Chi² test for the comparison between variables: Diagnosis, appearance in the report and treatment in the report.

Results Total of the sample: 42 patients, 61.9% women. Mean age: 55.1 years. Psychiatric diagnosis was present before the assistance on 57.1% of the patients. The most frequent diagnosis was Adjustment Disorder (47.6%) and more than one diagnosis was made in the 14.3%. Near the half of the patients required only primary care assistance after the discharge from the hospital. In the 68.3% of the reports appeared information about CL assistance and the indicated treatment didn't appear in all the reports. Statistically significant differences weren't found in the comparisons.

Conclusions Adjustment Disorder is supposed to be the most common psychiatric diagnosis in our CL psychiatry service, as we found in the reviewed literature. The results reveal that relationships between services can be improved. More studies must be done for completing information in this issue.

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EV0312

Neurocognitive profile of patients with early stages of HIV infection

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HIV-associated neurocognitive disorders (HAND) may include neurological disorders of various severities such as AIDS dementia complex (ADC) also known as HIV dementia and HIV-associated dementia (HAD), HIV encephalopathy, and Mild Neurocognitive Disorder (MND). As it seems HIV-associated neurocognitive disorders are associated with a metabolic encephalopathy induced by HIV infection and fueled by immune activation of macrophages and microglia. Despite of a group, evidences have described presence of cognitive alterations in HIV patients at different stages of HIV infection so far; little is known about the neurocognitive state of patients at very early stages of HIV infection. Here, we explored the neurocognitive profile of a group of cases of HIV patients at very early stages of HIV infection. We have analyzed of three groups of subjects, thus, we have studied a group of patients with early HIV infection, a healthy control group and a group of patients with mild cognitive impairment due to neurodegenerative causes. Our results suggested that cognitive processes are sensitive to very early neu-

ropathological changes in HIV infection. Noteworthy, our results also showed that neurocognitive profile of HIV patients differs from those cognitive alterations in patients with mild cognitive disorders associated to primary neurodegeneration. Together, our results point out that HIV infection generates neural changes even at early stages of infection. Furthermore, our results highlight the importance of a deep neurocognitive exploration at very early stages of HIV infection as this approach allow improve the accompaniment, clinical attachment and interventions.

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EV0313

Narratives, empathy concern and moral judgments in patients with HIV infection who decided not to tell about their diagnosis

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Consistent with social-cognitive theory (Bandura 1994), adherence problems to treatments and difficulties to acceptance HIV diagnosis are linked with deficits in self-efficacy as well as problems in perceived social norms and behavioral intentions. In this study we have presented the beliefs and narratives of a group of recently diagnosed HIV patients who voluntarily decided not to tell to family or couples about their diagnosis. According to the patients' reports they believe they should not tell about their own physical condition. In a second approach, we have explored empathetic and moral behavior (by using a usual procedure used to keep track those cognitive domains) in this group of HIV patients and we compared that behavior with a group of healthy controls. Results revealed a particular and differential empathic concern, and discomfort sensitivity in HIV patients who no tell in contrast to healthy controls. Together, our results highlight the importance of exploring the reasons, fears, and the empathetic and moral determinants of those patients who not to tell about their diagnosis. Our results open a new door to explore new approaches to accompany patients with recent HIV diagnosis.

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EV0314

Study of vitamin D deficiency in depression patients-is it the reason for high rates of somatic presentation of depression?

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Introduction Vitamin D receptor (VDR) is widely distributed in the human brain including areas that are assumed to be involved in the pathophysiology of depression. Vitamin D deficiency may cause physical symptoms like pain.

Objectives See if somatic presentation of depression has any correlate with vitamin D deficiency.

Aims To compare prevalence of vitamin D deficiency between depressed and non-depressed subjects and see if somatic presentation of depression has any correlate with vitamin D deficiency.

Methods Sixty diagnosed MDD patients consenting to participate in the study from a large private hospital selected, provided they were non-smoker, 18–65 years, free from chronic illness and not taking anti-depressant control (60 subjects) comprised of close family members of patients. FSC (functional somatic complaints) was assessed using local language version of Bradford Somatic Inventory (BSI), while severity of depression was assessed using HDRS-17. Based on the total score, FSCs are categorized into 3 grades (>40 'high, 26–40 'middle, and 0–25 'low' range).

Results Vitamin D status (deficiency: insufficiency: sufficiency) was 70: 30.0: 0.0% in depressed, which significantly worse compared to control subjects (55%: 25: 20%). Patients with higher BSI scores (i.e. more somatisation) showed non-significantly lower vitamin D level. These results were more prominent for female subjects.

Conclusions Vitamin D deficiency is more common in depression subjects, which might thus need to be looked for and treated. However, no significant link between somatisation and vitamin D deficiency could be established.

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EV0315

Self-efficacy of the psychotherapist in the context of supervision

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Introduction In the context of the importance of psychotherapy in mental health care the aim of our study is to highlight the importance of supervision as an integral part thereof.

Aim We analyze the relationship between the assessment of the quality of supervision and the perceived self-efficacy of the psychotherapist as one of the antecedents of decision-making in the psychotherapeutic process. This framework is applied to an empirical study that focuses on psychotherapist's perception of clinical supervision in relationship to professional self-efficacy in the therapeutic process.

Methods The study was operationalized using the Manchester clinical supervision scale (MCSS), containing a demographic questionnaire, counselor self-efficacy scale–modified version. One hundred and twenty-five psychotherapists with supervisory experience participated in the research, including 67 trainees and 58 graduates of psychotherapy training.

Results The results show a positive relationship between effective supervision and self-efficacy ($r=0.363$; $\text{sig}=0.000$; $n=125$). The participants who attributed higher ratings to supervision and supervision work alliance also assigned higher scores to perceived self-efficacy—although there is a significant relationship among the participants of psychotherapeutic training ($r=0.444$; $\text{sig}=0.000$; $n=67$), this relation is not significant among the actual graduates. Based on modeling, rapport was discovered to be the most important predictor of supervision effectiveness assessment.

Conclusions The results support the merits of supervision in the education of psychotherapists and the importance of investing resources in its regular implementation.

Keywords Self-efficacy; Supervision; Psychotherapists in trainee; Graduate

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