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EV428

Incapacity to decide in liaison psychiatry: Analysis of sample of patients admitted in somatic departments of a general hospital

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Introduction Decision capacity (DC) is a complex construct, whose assessment poses huge challenges to Liaison Psychiatrist (LP).
Objectives/aims Assess factors related to DC in patients with somatic disorders admitted in medical and surgical departments of a general hospital.
Methods Clinical records of patients who were submitted to a DC assessment at Hospital Fernando Fonseca (Portugal), from 1st January 2012 to 31st December 2014 were retrospectively analysed. Collected data were statistically analysed with SPSS®. Univariable analysis was performed, in order to determine factors related to DC.
Results Data from 35 patients subject to DC evaluation were considered, of whom 42.4% were considered unable to give consent to medical and/or surgical procedures. Most of these assessments were related to patients who refused treatment. Patients unable to decide were predominantly male and mainly affected by organic mental or neurocognitive disorders ($P < 0.05$). There were no statistical significant differences in the age of those considered able or unable to decide. After PL intervention, 40% of those considered unable to decide changed their decision. However, it was not significantly related to the ability to give consent.
Conclusions Neurocognitive disorders are common diagnosis found in patients admitted in somatic departments with no DC. Frequent change in decision after LP intervention may reflect not only cognitive fluctuations, but also a possible influence of LP intervention on patients' choices. Appropriate standardized measures are useful tools in assessing patients with cognitive impairment, reducing evaluation differences between professionals, and in order to increase LP decisions credibility.
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EV429

Acute hypomania in systemic lupus erythematosus, differential diagnosis. A case report

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Introduction It is well known that seizures and psychosis are diagnostic criteria for systemic lupus erythematosus (SLE), however, there could be many other neuropsychiatric symptoms. The American College of Rheumatology Nomenclature provides case definitions for 19 neuropsychiatric syndromes seen in SLE (NPSLE), including cognitive impairment, psychosis, mood and anxiety disorders. Lack of specific manifestations difficult diagnosis and treatment.
Objectives To address the diagnostic difficulties that involve the appearance of hypomanic symptoms in the course of SLE treated with high doses of corticoids in a patient with a depressive episode history.
Method Description of case report and literature revision. We report the case of a 22-year-old woman who presented irritable mood, sexual disinhibition, insomnia and inflated self-esteem. The patient was recently diagnosed with SLE and was on treatment with 50 mg/d prednisone. She had familiar history for bipolar disorder and was taking 20 mg/d paroxetine since the last 6 months after being diagnosed with major depressive episode.
Results We proposed differential diagnosis between psychiatric symptoms secondary to central nervous system SLE involvement, a comorbid bipolar disorder or prednisone-induced mood symptoms. Fluctuation of hypomanic symptoms during hospitalization, poor relationship with variation in corticosteroid doses, findings on brain MRI compatible with vasculitis and positive antibodies, oriented this case to a neuropsychiatric manifestation of LES.
Conclusions We should keep in mind that symptoms of neuropsychiatric SLE may vary from more established manifestations of NPSLE to mild diffuses ones. More studies are needed to expand knowledge in the relationship between mood disorders and neuropsychiatric SLE.
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EV430

Risk factors for a new cardiac event after a first acute coronary syndrome

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Introduction Depression is an established risk factor for acute coronary syndrome (ACS), nonetheless the mechanisms underlying this association are still unclear and literature disagrees on the role played by anxiety. Moreover, most of the studies included subjects with a long lasting history of heart disease or recurrent depressive episodes that could bias the results.
Objectives We performed serial assessments of anxiety, depression and new cardiac events in a cohort of never-depressed patients in the two years after their first ACS.
Aims Clarify the role of anxiety and depression in predicting new cardiac events.
Methods Two hundred and fifty-one consecutive patients completed the two-years follow-up. The presence of depression was evaluated with the Primary Care Evaluation of Mental Disorders (PRIME-MD) and its severity with the Hospital Anxiety and Depression Scale (HADS). Evaluations were collected at baseline, when GRACE-score was calculated, and at 1, 2, 4, 6, 9, 12 and 24-months follow-ups.
Results Forty-two patients (16.7%) developed a second cardiac event and, of these, eighteen (42.9%) had a previous depressive episode. At Cox Regression, controlling for confounding clinical variables (e.g. GRACE-score), developing a first-ever depressive episode was a significant risk factor (OR = 2.38; 95%CI = 1.11–5.14; $P = 0.027$) whereas baseline anxiety was protective (OR = 0.56; 95%CI = 0.38–0.81; $P = 0.002$). The latter, moreover, moderated the effect of incident depression on new cardiac events.
Conclusion Our results confirm the well-established detrimental effect of depression on cardiac prognosis and suggest clinicians to

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keep in mind anxious symptoms when facing a patient at his/her first ACS.

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EV431

Affective disorders in multiple sclerosis

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Background Psychiatric disorders have a remarquable frequency in multiple sclerosis. The leading group of these disorders consists of affective disorders. These psychiatric conditions can worsen the outcome of multiple sclerosis, thus contributing to increase the burden of the disease to both patients and relatives. Managing such a complicated situation needs a focus on the underlying links between affective disorders and multiple sclerosis.

Objective To examine the hypotheses proposed to explain the high prevalence of affective disorders in patients with multiple sclerosis.

Methods Literature was reviewed using the Medline database and the following keywords "bipolar disorder" "affective disorder", "mania" and "multiple sclerosis".

Results PubMed research returned 13 results. After manual inspection, 10 articles were retained and examined. The cause of the high comorbidity between multiple sclerosis and mood disorders is regarded as being multifactorial: the medication used in multiple sclerosis possibly inducing/exacerbating mood disturbances, the demyelinazing brain lesions which could bring about depression or mania, genetic overlapping with affective disorders and last the psychological reactions and adjustment difficulties to the neurological handicap.

Conclusion Despite the fact that the higher prevalence of affective disorders in multiple sclerosis is well established, these disorders still remain underdiagnosed and undertreated. A shift towards a better assessment of the psychiatric comorbidity in multiple sclerosis patients and the optimal treatment of those disorders is fundamental.

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EV432

Consultation liaison psychiatry in Talavera's hospital during the year 2014

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Introduction Analyze the number of interdepartmental consultations carried out at Department of Psychiatry, Hospital Nuestra Señora del Prado from other areas of hospitalization during 2014.

Objectives The goal is to evaluate the prevalence of psychiatric disorders in patients who are hospitalized for other reasons, and which services are needed the most.

Methods Retrospective cross-sectional descriptive study. A record of consultations carried out by the psychiatry service in 2014 was collected. The data were analyzed according to the origin of the consultation service, the month when it was performed and the sex of the patient. The monthly percentage of interconsultations and the percentage represented by each interconsultation service were calculated. They classified according to sex.

Results In 2014, 211 interconsultations were carried out, 104 men and 86 women. Surgery 16, 11%, pneumology 13, 74%, internal medicine 12, 32%, traumatology 8, 06%, digestive 7, 11%), I.C.U. 6, 64%, cardiology 6, 16%, hematology 5, 69%, oncology 5, 21%, pediatrics 4, 27%, gynecology 2, 84%, emergency 1, 90%, palliative1, 90%, endocrinology 1, 42%, urology 1, 42, nephrology 0, 95%, E.N.T. 0, 95%, obstetrics 0, 47%, dermatology 0%, ophthalmology 0%, rheumatology 0%. January 12, 8%, February 13%, March 9, 5%, April 6, 2%, May 5, 7%, June 8, 1%, July 6, 2%, August 4, 3%, September 8, 1%, October 12%, November 7, 6%, December 6, 2%.

Conclusions Most of the interconsultations were carried out in January, February and October. However, August was the least busy month. The busiest service was the Surgery service, followed by the Pneumology and Internal Medicine one. There were no interconsultations of the Ophthalmology, Rheumatology and Dermatology services. The consults were in demand mainly by men rather than women.

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EV433

Psychological syndrome analysis (Vygotsky – Luria School) in psychosomatics: Clinical and psychological study of patients with mitral valve prolapse

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Introduction One of the dominant methodological principles of Russian clinical psychology (the Vygotsky-Luria School) is the principle of Psychological syndrome analysis (PSA). It can also be heuristically applied to psychosomatics.

Objective To identify a psychosomatic syndrome in patients with mitral valve prolapse (MVP).

Materials and methods We applied various techniques for a qualitative and statistical data analysis of clinical and psychological study. We explored our patients' individual personality profiles, anxiety level (Spielberger et al., 1983), features of achievement motivation (Heckhausen, 1963), emotion regulation strategies (ERS) (Zinchenko, Pervichko, 2014; Pervichko, 2015), dynamics of the patient's emotional state in stress conditions, and degrees of manifestation of MVP clinical symptoms. The study comprised 134 MVP patients, mean age was 24.8 ± 1.2 years, and 73 healthy subjects, mean age was 27.5 ± 1.3 years.

Results MVP patients proved to be more prone to emotional stress; they were also inclined to choose less effective ERS as compared to healthy subjects. ANOVA data revealed dependence of intensity of such clinical symptoms as cardialgia, tension headaches and psychogenic dyspnea on the degree of anxiety level and the presence of dysfunctional ERS in MVP patients. The interpretation of the study results with PSA method suggested that the patients' psychological and clinical characteristics form into a psychosomatic syndrome. The first syndrome-generating factor is the presence of the approach – avoidance motivational conflict in achievement settings. Dysfunctions of emotion regulation appear