

Results The frequency of psychotraumas, social stress and physical abuse in our group was significantly higher in women (63.33%), in patients with urban residence (80.00%) and age group 36–45 years (46.67). There was a pattern of residual defectuality reflected by positive symptoms (83.33%), alcohol abuse (80.00%), aggressive behavior (66.67%) and suicide attempts (30.00%). The poor course with minimal social functioning (GAFS < 40; 36.67%) was correlated with a high number of relapses and hospitalizations (> 9 hospitalizations; 43.33%), cognitive deficit (MMSE < 23; 76.67%). The psychosocial factors involved in the pathogenesis and course of schizophrenia were social stress (60.00%), physical abuse in childhood and adolescence (20.00%) and psychotraumas (20.00%).

Conclusions. Psychotrauma and physical abuse in childhood and adolescence and during the course of paranoid schizophrenia constitute a risk factor for a poor outcome with cognitive deterioration, aggressive and suicidal behavior that call for prophylactic measures and qualified psycho-social interventions associated to the pharmacological treatments.

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EV1335

Differential diagnosis and therapy of cycloid psychoses: A case report

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Kraepelin already challenged his dichotomy of psychoses, because in clinical practice too many cases were not in line with his pattern. Different terms for these disorders were coined. Leonhard separated cycloid psychoses from other forms of endogenous psychoses. The idealized subtypes (anxiety-beatific, hyperkinetic-akinetic-motility and confusional exited-inhibited) are characterized by a bipolar course with complete recovery. Operationalised criteria were developed by Perris. We report on a 60 year old woman diagnosed as schizophrenic in 1984/1985 and 2006. In August 2015 she was admitted with stupor and mutism and therefore was treated with fluphenazine and lorazepam. Six days later the clinical picture changed, she became confused and very agitated. After change of treatment to benperidole her clinical condition improved within 12 days. After 3 further days she became confused, agitated and euphoric again. The symptoms persisted in spite of a change of treatment to haloperidole. After diagnostic revision therapy was augmented with lithiumcarbonate. Six days later the psychotic symptoms began to improve and were completely remitted after 10 further days. The case report points out that a differential-diagnostic revision of an apparently therapy-resistant schizophrenia should not only be carried out according to ICD 10 criteria but a cycloid psychosis should be taken into account, too. Perris-criteria are contrasted with ICD 10-criteria for schizophrenia and mania with psychotic symptoms. Symptomatology and clinical course in our patient fulfilled exactly the Perris-criteria. We recommend an augmentation trial with lithium in acute phases of cycloid psychoses by all means before ECT.

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Attitude of person living with psychosis towards MH professionals: A qualitative study

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Aims Studies investigating attitudes of people with mental illness are scarce. The aim of the present study was to investigate person living with psychosis on their attitudes and perception towards the mental health professionals in contact with mental health services.

Methods An in-depth interview was used to explore their lived experiences and attitude towards mental health professionals.

Results Both negative and positive attitudes were prevalent among the patients. Most negative attitudes concerned on not giving time, the MHPs are most interested in financial gains. They felt attitude changes according to diagnosis, psychosis perceived as diagnosis with violence; they are more interested in protecting themselves, perception that treating symptoms and not cause of illness. On the contrary, they felt positive on the relationship and time given to them.

Discussion and conclusions The PLWI's attitude to MHPs could be a product of the type of admission (forced upon), symptoms related or on the type of service settings. The present study is purely qualitative, single settings, could not be generalised. However it points on the need for sensitization of MHPs and relationship building oriented intervention.

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Parkinson's disease and psychosis: Report of a case

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Introduction Jealous delusional ideation appears in 7-14% of cases of Parkinson's disease. Treatment with dopaminomimetics drugs is a significant risk factor for psychosis. However, the most likely etiology of psychosis in these patients is a loss of central cholinergic function associated with age since described psychosis even before the introduction of the L-Dopamine. Cognitive impairment and sleep disorders are predictors of development of psychosis.

Objective Present a clinical case of psychosis in Parkinson's disease and its treatment.

Method Reason for consultation. Patient diagnosed with Parkinson's disease with behavioral disorder and delusional.

Current illness The patient after antiparkinsonian medication has increased suspicion, self-referentiality, delusional jealousy ideation to her husband, delusional interpretations regarding somatic symptoms, insomnia and behavioral disorders with aggression.

Family background Mother with Alzheimer's.

Personal history No contact with mental health.

Psychopathological examination Conscious, repetitive language, dysphoric mood with delusions of prejudice and jealousy.

Mixed insomnia.

Diagnosis Psychosis in Parkinson's disease.

Treatment Quetiapine 300 mg/day. Carbidopa 25 mg/L-dopa 100 mg: 1-0-1. On subsequent visits quetiapine was suspended and replaced by clozapine 200 mg/day.

Results The treatment of psychosis was effective with the use of quetiapine and subsequently clozapine with good tolerance and effectiveness. He also said lower antiparkinsonian medication.

Conclusions Psychotic symptoms are the most common psychiatric clinic in Parkinson's disease. Often not enough antiparkinsonian dopaminomimetics reduced to control psychotic symptoms and use of antipsychotics is required. The use of antipsychotics in