Case report Here, we present a 38-year-old male patient with intermittent porphyria and chronic psychosis who was hospitalized. He had been treated by benzodiacepines and neuroleptic medication for several years. Exposure to certain drugs, dieting, starvation and infection may precipitate AIP attacks.
Discussion Underlying organic causes of psychiatric disorders such as psychosis should be considered among patients with atypical symptoms and/or resistance to standard therapy.
Conclusion It is important to increase awareness amongst psychiatric and neurological professionals with regard to certain inborn errors of metabolism. Early detection of porphyria may diminish morbidity and mortality rates, and perhaps heal some chronic atypical psychiatric illnesses.
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EV374

Cannabis psychosis, gender matters

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Introduction Despite recent findings pointing toward cannabis psychosis as one area where gender differences may exist, there has been a widespread lack of attention paid to gender as a determinant of health in both psychiatric services and within the field of addiction.
Objectives To explore gender differences in treatment presentations for people with cannabis psychosis.
Aims To use national data sets to investigate gender differences.
Methods Analysis of British Crime Survey data and a Hospital Episode Statistics data set were used in combination with data from previously published epidemiological studies to compare gender differences.
Results Male cannabis users outnumber female users by 2:1, a similar gender ratio is found for those admitted to hospital with a diagnosis of schizophrenia or psychosis. However this ratio increases significantly for those admitted to hospital with a diagnosis of cannabis psychosis, with males outnumbering females by 4:1.
Conclusions This research brings into focus the marked gender differences in cannabis psychosis. Attending to gender is important for research and treatment with the aim of improving understanding and providing gender sensitive services.
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EV375

Parkinsonism and mental health disorders among Latino migrants

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Introduction Mental health disorders and parkinsonism (mobility slowness, rigidity, rest tremor, gait instability) often co-exist. Approximately 40% of the 7-10 million people living with Parkinson's disease globally experience co-existent depression and/or anxiety. Furthermore, people treated with dopamine-blocking medications (antipsychotics, antiemetics) or those who suffer vascular, infectious, toxic, or structural brain insults may have symptoms of "secondary" parkinsonism.
Objectives To describe the existence of parkinsonism among Latino immigrants with behavioral health and substance abuse problems.
Methods Data from the International Latino Partnership (ILRP) gathered at primary care clinics in Boston, Madrid, and Barcelona included 4 parkinsonism screening questions.
Results A total of 151 participants out of 567 (26.6%) screened positive for at least one parkinsonism question and 15 (2.6%) screened positive for all 4 questions. A small group of participants who screened positive for parkinsonism had co-existent schizophrenia, schizoaffective disorder, bipolar disorder, and/or exposure to lithium or valproic acid. We found that age 50+, depression, and anxiety were more often associated with people having parkinsonism ($P < 01$). Gender, race, language, and educational level were not significant predictors of parkinsonism.
Conclusions Parkinsonism and behavioral health disorders co-exist among Latino immigrants in the United States and Spain. This may be related in part to exposure to dopamine-blocking medications. Future studies should focus on early detection of mental health co-morbidities among Parkinson's disease patients as well as on prevention of "secondary" parkinsonism among people living with mental health disorders.
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Most frequent clinic comorbibities in hospitalized patients in a psychiatric clinic

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Introduction Being hospitalized in a psychiatric clinic, patients present, in addition to the diseases that determine the hospitalization, clinic comorbidities, generally decompensated.
Objectives To present the most frequent clinic pathologies in a population of hospitalized patients having diverse mental disorders and establish a protocol for investigation and their early treatment.
Aims To know the most frequent pathologies in a population of hospitalized psychiatric patients and establish a protocol for their assesment, in a way that contributes to the global improvement of the patient health condition.
Methods For its mission realization, the clinic counts on a multidisciplinary team. The participants were 762 patients, seen in the referred clinic, which presented a minimum period of hospitalization of 10 days and that were submitted to thorough clinic exam and complementary routine exams. The time frame referred to the period of March of 2012 to February of 2014, totalizing 24 months.
Results In the patients that had medical release after periods of hospitalization of, 90-day average, were obtained, in the totality of the cases, excellent evolution, evidenced by the improvement of the laboratory parameters.
Conclusions The results were achieved in the hospitalization system with careful medicament administration, differentiated diets established in agreement with the patients, supervised physical activities and psychological and psychiatric support.
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Temporal epilepsy and psychosis - Comorbidities

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Introduction The simultaneous presence of temporal epilepsy and psychosis includes a careful approach to diagnosis and titration of medication.
Aim To achieve remission of comorbid diseases resistant to therapy.
Methods Psychotherapy interview and support, laboratory measurements, EEG, cerebral CT and MRI scan, psychological testing.
Results The patient was a girl 16 years of age. In 2011, she started experiencing auditory hallucinations of disturbing content, ideas of persecution, and she feared that people were going to kill her, all of which were bothering her deeply. In the family anamnesis, her grandmother and aunt both suffer from schizophrenia. In the first neurological assessment, there were no abberations. The patient was treated with high doses of various antipsychotics, but the hallucinations became unbearable to the extent that she was about to commit suicide. Anticonvulsive therapy was planned, and in the meantime, a second neurological assessment was performed, which confirmed the coexistence of temporal epilepsy. Combined therapy consisting of anticonvulsive and antipsychotic medication markedly abated the hallucinations. However, the patient began to feel cramping of the right arm, as well as experiencing the negative symptoms of psychosis. She wasn't functioning normally anymore, she was distinctly adynamic, depressive, with a lack of initiative, and poor memory and concentration. Psychological testing confirmed significant cognitive, emotional and personality disorders (of organic source).
Conclusion Treatment of the overlapping symptoms of temporal epilepsy and psychosis is complex, along with the presence of intellectual deterioration.
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EV380

Clinical aspects of depression in Parkinson's disease

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Introduction Parkinson's disease is the most common neurodegenerative movement disorder in the elderly population. The disease is clinically characterized by major motor symptoms that include bradykinesia, rigidity, tremor and postural instability. In addition to the motor symptoms, Parkinson's disease is characterized by emotional and cognitive deficits, which reduce quality of life independently from motor manifestations.
Objectives/Aims To discuss the clinical manifestations of depression in Parkinson's disease according to the most recent scientific literature.
Methods Online search/review of the literature has been carried out, using Medline/Pubmed, concerning, "Parkinson's disease" and "depression".
Results Depression is the most frequent psychiatric disorder in Parkinson's disease. In up to 30% of the cases, the depressive symptoms precede the development of motor symptoms. Independently of the age of appearance, duration and severity of the motor symptoms, depression is generally an integral part of the disease. Depression in Parkinson's disease is generally mild or moderate, with premature loss of self-esteem and volition. Although the high rates of suicidal ideation, suicide is rare. There is also a high prevalence of panic attacks and anxiety.
Conclusions It is difficult to correctly identify depression in Parkinson's disease as some symptoms assigned to Parkinson's disease itself can in fact be the clinical manifestation of a depressive disorder. On the other hand, depressive symptoms may not be recognized as such, but considered manifestations of Parkinson's disease.
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EV381

Huntington's disease-comorbidity

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Huntington's Korea or Huntington's disease is a pathology of the nervous central system that provokes involuntary movements those who are named Korea or San Vito's evil, changes of conduct, psychiatric alterations and dementia. It thinks that it is a slightly frequent disease among the caucasian ones (1 every 100,000 or 200,000 persons), except in Venezuela that has the highest rate of the world (1 every 10,000). It is named badly of San Vito because he was the saint, the one that was evoked to treat this type of disease. It is a neurodegenerative disease and is accompanied of atrophy of the fluted body and loss of neurons on decrease of neurotransmitters. Members' spasmodic movements and facial muscles as dance, uncoordination motorboat. These movements woke fear and superstition up in an epoch. Alterations motorboats attitude, march and abnormal movements. Loss of weight for faults in swallowing besides the loss of calories (approximately 4000 daily ones for the constant movement). Not only it is a disease motorboat, the patient loses aptitude to communicate and dies in 10-15 years. There are psychiatric symptoms as the depression, changes of personality, decrease of intellectual capacity and suicide. Let's sense beforehand a clinical case of a 69-year-old patient with psychiatric depressive precedents of years of evolution with treatment psychopharmacology and worsening in last 2 years. Treatment is prescribed with antipsychotic and before a not well-taken quake, is studied by neurology who diagnoses Huntington's disease.
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Peculiarities of comorbid addictions in neurotic disorders

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