

Methods A retrospective cross-sectional study was conducted with 19-yr-old examinees who were admitted to the Military Manpower Administration in Korea from February 2009 to January 2010. A total number of 1955 young men were enrolled in this study. The normal volunteer group ($n=1561$) comprise individuals who did not have pneumo- or hemo-thorax. The pneumo- or hemo-thorax group ($n=394$) included individuals with pneumo- or hemo-thorax. This group was divided into two subgroups, group A (treated with conservative care or chest tube insertion, $n=341$) and group B (treated with wedge resection, $n=53$).

Results We compared each of three groups (Control group, Group A, Group B) using the analysis of covariant (ANCOVA). The somatization subscale score of the neurosis category was significantly higher for group A ($P<0.001$) and showed higher tendency for Group B than the control group ($P=0.073$). The other categories (validity scale; anxiety, depression, and personality disorder subscales for neurosis scale; and psychopath scale) showed no significant difference in the MPI among Group A, Group B and Control group.

Conclusion Conservative care or chest tube insertion group had higher somatization symptoms than control group. Wedge resection group had higher somatization tendency than control group. Individuals with pneumo- or hemo-thorax history may be concerned about their body shape or their general condition. Therefore, supportive intervention and psychiatric education may be needed for them to relieve somatic distress.

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EV0293

The development of a brief 5-minute mindful breathing therapy for the reduction of distress in palliative cancer patients

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Introduction Although psychological distress is highly prevalent, palliative cancer patients are mostly too lethargic to undergo many sessions of the conventional psychotherapy.

Objectives The study aims to develop a brief, quick and easy to administer psychological intervention for rapid reduction of distress in palliative care patients.

Methods In phase I, an expert panel of multidisciplinary team was formed. The theory of mindfulness-based intervention was simplified into a 5-minute mindful breathing technique that can be learnt and practiced by palliative care patients.

In phase II, the efficacy of 5-minute mindful breathing was investigated in a pilot test that comprised of nine palliative cancer patients and eleven care takers.

In Phase III, the efficacy of 5-minute mindful breathing was further examined in a non-blinded, randomized controlled trial (RCT) that included 60 cancer patients under palliative care. Apart from perceived distress, physiological measures were assessed.

Results The effect of 5-minute mindful breathing in rapidly reducing distress among palliative care patients was confirmed in both the pilot test (Tan et al., 2015) and RCT (Ng et al., 2016). The finding was further supported by the significant physiological changes associated with distress reduction such as decreased breathing rate, blood pressure, pulse rate, galvanic skin and

increased skin surface temperature (Ng et al., 2016) with the 5-minute mindful breathing.

Conclusion The 5-minute mindful breathing is a quick and easy to administer intervention that is useful for reducing acute suffering or distress in palliative care patients.

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EV0294

When seizures are non-epileptic

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Introduction Non-epileptic seizures (NES) are a diverse group of disorders, whose paroxysmal events can be mistaken for epilepsy, although they are caused by a mental or psychogenic process rather than a neurological cause.

Objectives/methods We present a case of a 45-year-old female patient with history of generalized seizures prior to Meningioma resection in August 2015, referred to the Liaison Psychiatry outpatient follow up clinic at the Royal London Hospital after has gone several times to emergency department complaining about flush and hot sensation that proceeded to corners of mouth turning down, teeth chattering, shaking of left arm and torso at first and then legs. During the episodes, she was awake with no consciousness loss. Her mood was low, with clinical evidence of depression and she had very high levels of health anxiety.

Discussion A diagnosis of non-epileptic attacks was made in the sequence of those episodes. A holistic and multidisciplinary approach was made, including pharmacotherapy, cognitive-behavioral therapy and domiciliary support. The clinical response was good regarding both mood, anxiety levels and NES.

Conclusions Approximately 25% of patients who have a previous diagnosis of epilepsy and are not responding to drug therapy are found to be misdiagnosed and it is common that epileptic patients have both epileptic and non-epileptic seizures. Although distinguishing epileptic and non-epileptic seizures is not easy, there are some clinical clues that the physicians should look for, like age of onset, time of the day that episodes occur and presence or absence of postictal confusion.

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Prevalence of depressive symptoms among inpatients at the university hospital of Sergipe, Brazil

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Introduction Depressive Symptoms (DS) generate a public and economic health problem, with decreasing productivity, labour market withdrawal and increased demand for health services. Studies show that in hospitalized patients, DS rates are higher than in the general population, in medical practice, however, they are under diagnosed or under-treated. Consultation Liaison Psychiatry (LP) can prevent aggravation of the psychic symptoms by early identification of them and by integration of psychiatry with the other medical specialties.

Objectives To estimate the prevalence of DS and associated factors in inpatients and the frequency of consultation LP.