

## EV1385

**Group therapy for university students with autism spectrum disorders**Y. Furuhashi<sup>1,\*</sup>, F. Shusuke<sup>2</sup><sup>1</sup> Shizuoka University, Shizuoka, Japan<sup>2</sup> The National Printing Bureau, Clinic, Tokyo, Japan

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**Introduction** Autism spectrum disorders (ASD) are a group of neurodevelopmental syndromes characterized by deficits in communication, social interaction and imagination. These symptoms are present in the early developmental period, but may not be fully obvious until social demands exceed the child's limited capacities. In spite of its early presenting, this condition is not diagnosed until adult stage. In Japan, many patients with ASD were diagnosed after entering university, however, few treatment options are available. The aim of this study is to investigate the effectiveness of group therapy in university students with ASD.

**Methods** A one-group, pre-intervention-post-intervention design was adapted for this study. All patients with ASD were recruited from Shizuoka University. The group therapy programs consisted of cognitive behavioral therapy and recreational activity. Outcome measures were Beck Depression Inventory-Second Edition, Quality of Life Inventory, State Trait Anxiety Inventory and Rosenberg Self-Esteem Scale.

**Results** There were 14 participants, 7 males and 7 females. Their ages were from 19-years-old to 23-years-old. All participants had over 80% of attendance in the six-month group therapy.

**Conclusions** These preliminary results suggest that the group therapy can improve symptoms of depression and anxiety for some students with ASD. More research is needed to draw more sturdy conclusions, especially with respect to improvements in quality of life.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1386

**Disruptive behaviour's treatment with paliperidone in autistic disorder: Review and case report**M. García Moreno<sup>1,\*</sup>, A. De Cós Milas<sup>2</sup>, L. Beatobe Carreño<sup>2</sup>, B. Poza Cano<sup>3</sup><sup>1</sup> Hospital Universitario Puerta de Hierro Majadahonda, CSM Majadahonda, Madrid, Spain<sup>2</sup> Hospital Universitario de Móstoles, CSM Móstoles, Madrid, Spain<sup>3</sup> Hospital Universitario El Escorial, CE San Carlos El Escorial, Madrid, Spain

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**Introduction** Autistic disorder (AD) is a neuropsychiatric disorder that often presents significant disruptive symptoms such as irritability, aggression and self-injury in addition to impairment of social skills and communication. These symptoms interfere both individuals with AD and their families and social environment.

**Objective** Show paliperidone effect in behavioural symptoms in AD.

**Methods** Literature review about behavioural symptoms in AD and paliperidone effect in its treatment, followed by a case report of clinical improvement after treatment with paliperidone in a patient with autism. Agitation subscale Aberrant Behavior Checklist (ABC-I) scores was compared prior and 4 weeks after paliperidone treatment, and clinical improvement was assessed with Clinical Global Impression-Improvement Scale (CGI-I).

**Results** Although risperidone has been one of the most studied atypical antipsychotic to treat this symptoms, its use should be limited in order to avoid extrapyramidal and metabolic symptoms. Paliperidone – the major metabolite of risperidone – has

shown effectiveness in the treatment of behavioral symptoms in patients with autism, even in subjects with a prior ineffective trial of risperidone. Our patient, 21-years-old male with AD and significant disruptive symptoms was treated with paliperidone 9 mg/day. We observed a 20-points reduction in ABC-I scores 4 weeks later, with most significant improvement in items like auto-aggression, heteroaggressivity, irritability and slams. CGI-I scores showed a much better improvement, and no significant adverse effects appeared.

**Conclusions** Paliperidone is an effective and safe treatment in behavioral symptoms associated to AD, with reduction in ABC-I subscale scores. More studies are needed to confirm our data.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1387

**Does community care works? Evaluate the effectiveness of mental health services**

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**Introduction** Improving quality require the capability to evaluate clinical and operational processes and improve patients outcomes. Just in the view of evidence-based practise (EBP) it's used HONOS rating Scale, adopted since May 2012, by Mental Health Center of Villorba (Treviso-Italy) There are 3 package treatments: rehabilitative, territorial and clinical.

**Objectives** To identify which variables are positively correlated to HONOS improvement in patients group who frequented Mental Health Centre along 36 months. All patients present severe mental illness.

**Aims** Evaluate the effectiveness of interventions and correlate to treatment package and individual feature. Analyze treatment process for quality improvement.

**Method** A psychiatric team (4 nurses, 1 psychiatrist) administered Honos Rating Scale along 3 years: on starting point and 6, 12 and 36 months later: T 0,1,2,3,4. Patients are also described by diagnosis, mental, social and autonomy skill, time, utilization of MHC and anagraphic information.

**Results** All 15 groups' patients realize lower scoring, after 36 months' treatment. Seven have got reliable improvement (i.e. => 8-point lowering T3–T4) and positively correlate with: (1) 36 months' treatment, at 12 months in rehabilitative Package; (2) days in residential/semi-residential community from 82 to 311 days. Related tables are included in paper.

**Discussion and conclusion** HONOS score correlates directly with clinical and rehabilitation improvement, i.e. mental, social capacity, and personal autonomy. It needs more investigation to clear which other factors are involved with improvement.

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## EV1389

**An approach to neuroleptic malignant syndrome from a clinical case**

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**Introduction** Neuroleptic malignant syndrome (NMS) takes place in patients in treatment with neuroleptics and it is poten-

tially lethal, being important an early diagnostic and therapeutic approach.

**Objectives** To analyze from a clinical case the clinical and epidemiological features, and therapeutical approach to NMS.

**Method** Review of some articles in Mental Health journals and analysis of the following clinical case: 68-year-old woman with bipolar disorder, hospitalized in manic phase. Usual treatment: lithium, trazodone, quetiapine and asenapine. During the admission to hospital, the patient started presenting hyperthermia, sweating, electrolyte disturbances, limb rigidity, and elevation of CPK levels. The suspicion was NMS, so neuroleptics were stopped and fluids and dantrolene were initiated, with favorable evolution.

**Results** The discharge diagnosis was NMS. Neuroleptics were gradually reintroduced under vigilance. The patient is stable and has not had new complications. NMS is an uncommon (0.02% to 3% among patients taking neuroleptic agents), but life-threatening condition. Its symptoms are hyperthermia, autonomic nervous system dysfunction, limb rigidity, altered consciousness... The attendant infections, consume of lithium, dehydration, iron deficiency and sharp changes in neuroleptic treatment are predisposing factors. The withdrawal of neuroleptics is the key of the treatment. Benzodiazepines can improve the prognosis, and electroconvulsive therapy can be necessary if there is no response to previous measures.

**Conclusions** Neuroleptic malignant syndrome is a life-threatening medical complication we should try to avoid by a correct and careful use of neuroleptics. Additionally, it is important the early treatment, taking withdrawal of neuroleptics as the key starting point.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV1390

### Erotomania and mood disorder: A case report and literature review

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**Introduction** Erotomania is a rare delusional disorder. De Clerambault, a French psychiatrist, was the first who advanced the concept of pure erotomania, one of the “passionate psychosis”, as a distinct disorder. However, some authors tend to consider this syndrome as related to other psychiatric disorders.

**Objectives** To describe the case of a female patient with erotomanic delusion with no remission under an antipsychotic and to review the links between erotomania and other psychiatric disorders.

**Methods** Literature review and a case report.

**Results** We report the case of a 32 year-old epileptic woman, hospitalized for a delusional erotomanic disorder. Initially, the patient was treated with an antipsychotic, with partial effectiveness. In fact, it appeared that the conviction of being loved began while she was depressed. After one month of combined antipsychotic and antidepressive medication, she became euthymic and her erotomanic delusions disappeared. Major depressive disorder with psychotic symptoms was diagnosed. After reviewing the literature we found that erotomanic symptoms frequently appear secondarily in other psychiatric disorders. Several publications indicate a frequent association between erotomania and mood disorder, especially bipolar affective disorder and major depression, and describe the efficacy of antidepressant and mood stabilizers. Numerous theories may explain the link between erotomania and mood disorder: from narcissistic needs, to the capacity of empathy and emotional pro-

cessing. Further studies are needed to clarify the nature of this link.

**Conclusion** In clinical practice, a mood disorder must systematically be searched for and treated in a patient with erotomanic delusions.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV1391

### Practical teaching of behavioral sciences to medical students

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**Introduction** The teaching of behavioral sciences was in form of lectures to the medical students in the 2nd year of the college, because the lecture is the least beneficial method of teaching. As I have noticed also that students were more interested to practice behavioral skills. So I suggested to the authority of the faculty to teach part of the behavioral sciences in a practical way and proposal of that was introduced and accepted to teach in that way and to give 20% of marks to this practical part, this in addition to the same theoretical lectures.

**Method** The students were divided into groups of 30, every group present one day only through their 2nd year. This day divided into two parts each is 2 hours and in between have an hour break. The 1st part includes group discussion about communication, group dynamics, group leading and scientific way of problem solving. The 2nd part is dividing students into small groups of 10 students, to practice the previous skills in group interaction to solve one problem in a scientific way. All groups collected again to see what they have done.

**Results** The results revealed more interest and more enthusiasm to learn in that way and make it easy to practice in their daily life.

**Conclusion** We have to change into more practice in our teaching of medical students especially skills of human communication, group leading group dynamics as well as problem solving.

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#### EV1392

### A comparative study between the attachment styles of adults who were raised by mothers with schizophrenic disorders, depression, and those raised by mentally healthy mothers

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**Introduction** Maternal psychopathology can have a server effect on the ability of mothers to attach to their children.

**Aim** To ascertain the level of attachment of adults between the ages of 18–25 years of age who were raised by mothers who suffer from schizophrenic disorders and depressive spectrum disorders, then compared to adults who were raised by mothers with no formal clinical diagnosis.

**Method** This study used the Adult Attachment Questioner (AAQ), by Simpson Rholes Philips (1996) to ascertain the level of attachment of adults between the ages of 18–25 years of age who were raised by mothers who suffer from schizophrenic disorders ( $n = 30$ ) and depressive spectrum disorders ( $n = 30$ ). The findings of these two groups were then compared to adults who were raised by mothers with no formal clinical diagnosis ( $n = 30$ ).