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Introduction Psychiatric symptoms set forth brain dysfunction at several levels. Behavioral disturbances, although frequently associated to primary psychiatric disorders, call for a previous discard of neurologic treatable causes.
Case report We report the case of a 30-year-old gentleman, receiving outpatient psychological treatment and follow-up for a 3-month history of low mood, abulia, apathy, generalized malaise, weight loss and insomnia. Non-structured jealous delusions were also present. No neurological deficit was found. After CT of the brain, a space occupying lesion, suggestive of glioblastoma multiforme, was found. Further studies, including biopsy and a MR, led to the diagnosis of central nervous system Chagas, related to a previously unknown HIV infection in AIDS status, and conditioning a secondary central hipothyroidism. Careful treatment of the etiological factors, along with symptomatic relieve with low dose paliperidone, led to the resolution of the symptoms.
Discussion The majority of patients suffering from neurologic diseases develop psychiatric symptoms over the course of their illness, with or without the presence of classical disturbances, such as weakness, sensory loss or seizures. Modern psychiatry uses a complex disease model, therefore necessarily integrating anatomy, biochemistry and function during every diagnostic approach.
Conclusion It is necessary to rule out frequent treatable causes, thus involving both psychopatological and neuroscientific approach to psychiatric disturbances. However, while underlying causes are often difficult to treat, psychiatric symptoms respond to existing pharmacologic and nonpharmacologic therapies.
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EW151

Psychotic symptoms in a patient diagnosed with temporal lobe epilepsy and schizoaffective disorder

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Introduction Epilepsy is considered a complex neurological disorder, and its clinical picture can resemble many different cerebral dysfunctions, including those associated to major psychiatric disorders.
Case report We report the case of a 52-year-old gentleman, with a 30-year history of schizoaffective disorder and of complex partial epilepsy with secondary generalization. He was admitted to an emergency room due to a voluntary overdose with 8 mg of clonazepam. The patient explained how he had recently experienced visual hallucinations and insomnia, symptoms that originally led to the psychotic diagnosis. He had previously presented these symptoms, along with stupor, delusions and lability, as a prodrome of complex motor epileptic decompensations. Thus, he took the overdose not to suffer seizures. After carefully reconstructing the clinical history, psychiatric admissions had shown seizures, and periods of clinical stability had been achieved by regulating antiepileptic medication. Eslicarbazepine and lamotrigine reintroduction, and quetiapine withdrawal, led to symptomatic remission.
Discussion Epilepsy and major psychiatric disorders show a high comorbidity. There has been an effort to even include epilepsy and psychosis in a unique diagnosis (alternant psychosis). Furthermore, polimorphism and restitutio ad integrum may resemble classic cycloid psychosis. In this case, chronological study showed all symptoms could be explained by one disorder.
Conclusion Epilepsy includes a variety of neuropsychiatric symptoms. It can be difficult to withdraw psychiatric diagnoses from patients after years of follow-up. However, a carefully taken medical history clarifies temporal criteria.
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EW152

Evaluation of psychomotor/motor disturbances in elderly medical inpatients

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Introduction Traditionally psychomotor subtypes have been investigated in patients with delirium in different settings and it has been found that those with hypoactive type is the largest proportion, often missed and with the worst outcomes.
Aims and objectives We examined the psychomotor subtypes in an older age inpatients population, the effects that observed clinical variables have on psychomotor subtypes and their association with one year mortality.
Methods Prospective study. Participants were assessed using the scales CAM, APACHE II, MoCA, Barthel Index and DRS-R98. Pre-existing dementia was diagnosed according to DSM-IV criteria. Psychomotor subtypes were evaluated using the two relevant items of DRS-R98. Mortality rates were investigated one year after admission day.
Results The sample consisted of 200 participants [mean age 81.1 ± 6.5; 50% female; pre-existing cognitive impairment in 126 (63%)]. Thirty-four (17%) were identified with delirium (CAM+). Motor subtypes of the entire sample was: none: 119 (59.5%), hypo: 37 (18.5%), mixed: 15 (7.5%) and hyper: 29 (14.5%). Hypoactive and mixed subtype were significantly more frequent to delirious patients than to those without delirium, and none subtype more often to those without delirium. There was no difference in the hyperactive subtype between those with and without delirium. Hypoactive subtype was significant associated with delirium and lower scores in MoCA (cognition), while mixed was associated mainly with delirium. Predictors for one-year mortality were lower MoCA scores and severity of illness.
Conclusions Psychomotor disturbances are not unique to delirium. Hypoactivity, this "silent epidemic" is also part of a deteriorated cognition.
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EW153

Use of antipsychotics and antidepressants in patients with HIV

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Introduction Psychological distress appears in the majority of people infected with HIV. Depression is the most important affection, the prevalence in comparison with general population arises to 37%. Psychotic symptoms in patients with HIV are a very frequent

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entity, in some cases, these symptoms are pre-existent in others the evolution of the infection or a medical cause related with the infection can cause its apparition. Psychosis and depression in patients with HIV have some clinical and therapeutical considerations. Antidepressants and antipsychotics have many pharmacological interactions with antiretroviral therapy.
Objectives Review the efficacy and safety of antidepressants and antipsychotics in patients with HIV infection.
Methods PubMed was searched for articles published between 1966 and January 1, 2015, using the search terms HIV, AIDS, depression, phycosis, antipsychotics, antidepressants, antiretrovirals. We selected randomized placebo controlled or active comparator control trials.
Results Twelve studies for depression treatment and 2 studies for psychosis treatment in patients with HIV infection. Selective serotonin reuptake inhibitors (SSRI) especially fluoxetine and tryciclic antidepressants are effective in treating depressive symptoms in patients with HIV infection. Testosterone and stimulants have been used in patients with mild depressive symptoms, however studies with these agents had a small sample size. Haloperidol and chlorpromazine were effective for AIDS delirium, there are not controlled trials with other antipsychotics.
Conclusions Psychiatrists must be concern about the clinical particularities of patients with HIV and depression or psychotic symptoms. The election of antidepressant or antipsychotic has to be made very carefully because of their side effects and interactions.
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EW154

Living with Parkinson disease – the central role of primary care physicians and a multidisciplinary approach

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Introduction Parkinson disease is a frequent neurodegenerative disorder. Presence of psychopathology is well described in this illness, nevertheless the etiology is still unknown.
Methods and aims The authors present a clinical case of a patient with idiopathic Parkinson disease with depressive symptoms after the decline of his functioning. We aim to emphasize the importance of a multidisciplinary approach and the central role of general physicians in screening these situations.
Results The patient is a male with 64 years old, reformed with a personal history of hypertension. With 62 years old he started with mild motor complaints that got worse over time, culminating after a year and half on him being almost dependant for most of his daily activities. He also started to express feelings of sadness, despair, and recurrent thoughts of death. He refused to seek out medical help, but was convinced by his wife to consult his general physician that observed the patient and referenced him to Neurology and Psychiatry consultations. He also started sertraline 50 mg/day. He was diagnosed with Parkinson disease and started medication with ropinirole, levodopa and carbidopa with a good response. In Psychiatry consultation the dose of sertraline was increased to 100 mg/day with improvement, and it was provided information on the disease to the patient and family and also supportive psychotherapy.
Conclusions General physicians have a privileged position on screening patients with psychopathology when other physical conditions or illnesses are present. The fast and correct referencing of these patients can improve the prognosis.
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EW155

Psychological mechanisms of the formation of non-psychotic mental disorders in patients with hyperthyroidism

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The application of a comprehensive, integrative, systemic approach to the examination of patients with abnormal thyroid gland has to lie in the basis of planning strategies and tactics of medical programs such patients. On this point of view we consider that non- psychotic mental disorders are developing on the basis of both organic and adaptation levels. Population researches showed that the majority of patients with endocrinological pathology suffer from one of the three DCPR syndromes: irritant mood, demoralization thrown in (desperation), persistant somatization. The task of our work was to investigate mechanisms of psychological defense in patients with hyperthyroidism with non-psychotic mental disorders. One hundred and twenty-five patients were examined. Non-psychotic mental disorders with different syndromologic structure were found in 76% of patients (study group), among which anxious-asthenic (38.95%), anxiety and depression (23.16%) were dominant. The method of Robert Plutchik for assessment of the mechanisms of defense was used. In asthenic syndrome we found excessive functioning of negation and regression, inadequate functioning of intellectualization. In patients with astheno-anxious syndrome inadequate functioning of negation, intellectualization, compensation, and excessive repression contributed to the formation of the sensations of anxiety. Excessive compensation, projection, reactive formation generally affected the structure of the asteno-depressive syndrome. The lack of displacing of reactive formation, repression and excessive intellectualization in a complex influenced to the structuring of anxious-depressive syndrome. In hypochondrical syndrome projection, regression and negation were the basis of the formation of clinical picture. Thus, meaningful relationships between intrapsychic level of functioning and syndromological structure of non-psychotic disorders were installed.
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EW156

The psychotic patient at the General Hospital

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