*Aims* The aim is to provide useful information regarding this frequent, often disregarded, comorbidity.
*Methods* Our results proceed from the Andalusian delusional disorder case-register (DelirAnda). We reviewed 1927 clinical histories of patients diagnosed of delusional disorder. Upon having verified the diagnosis following DSM-V criteria, we recollected data on the prevalence of blindness and hearing loss, which were defined based on clinical diagnosis.
*Results* One thousand four hundred and fifty-two patients matched DSM-5 delusional disorder criteria. Among them, 49.8% of our sample were women. The overall prevalence of sensory deficits was 7.4%, 3.5% of the patients with delusional disorder were blind, while 3.9% of them suffered from hearing loss.
*Conclusions* Our results are consistent with previous studies, such as the Deliremp study, which found a 5.7% prevalence of sensory deficit among delusional disorder patients. These results show a higher prevalence of sensory deficit among delusional disorder patients compared with the general population. However, causality could not be established. Further study should be undertaken regarding the relationship between these two conditions.
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**EW132**

## Comorbidity between delusional disorder and chronic physical conditions. Results from the Deliranda case register

A. Porras Segovia[1,*], C. Carrillo de Albornoz Calahorro[2], M. Guerrero Jiménez[2], J. Cervilla Ballesteros[1,3]
[1] *University Hospital San Cecilio, Mental Health Services, Granada, Spain*
[2] *Santa Ana Hospital, Mental Health Services, Motril, Spain*
[3] *University of Granada, Psychiatry Department, Granada, Spain*
* *Corresponding author.*

*Introduction* Mental disorders are often comorbid with chronic physical conditions. This relationship has been looked into in some mental disorders, such as depression or schizophrenia. However, very few studies have explored this comorbidity in the delusional disorder.
*Objectives* The objective of this study is to establish the prevalence of common chronic medical conditions across delusional disorder.
*Aims* The aim is to provide useful information regarding this frequent, often disregarded, comorbidity.
*Methods* Our results proceed from the Andalusian delusional disorder case-register (DelirAnda). We reviewed 1927 clinical histories of patients diagnosed of delusional disorder. Upon having verified the diagnosis following DSM-5 criteria, we recollected data on the prevalence of 10 different medical conditions, which were defined based on clinical diagnosis.
*Results* One thousand four hundred and fifty-two patients matched DSM-5 delusional disorder criteria. Among them, 49.8% of our sample were women. The overall prevalence of medical conditions was 66%. Thirty-one percent of the patients with delusional disorder had only one comorbid physical condition, 20% of them suffered from two conditions, and 15% of them had three or more chronic conditions. The most prevalent physical condition among delusional disorder patients was diabetes, affecting 16% of these patients.
*Conclusions* Chronic physical conditions are highly prevalent among patients with delusional disorder. Comorbid physical conditions may have an important impact on the course of delusional disorder. A correct diagnosis and treatment of this comorbidity should be made to help improve the prognosis and life quality of these patients.
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**EW133**

## Punding in Parkinson's disease: To a better understanding of a common phenomenon between Parkinson's disease and addictions

A. Tremey*, I. de Chazeron, G. Brousse, P.M. Llorca
*CHU Clermont-Ferrand, psychiatry, Clermont-Ferrand, France*
* *Corresponding author.*

*Introduction* Punding is a stereotypical motor behaviour characterized by a repetitive, excessive and non-goal oriented activity that causes an important loss of time. Since its first description in psychostimulant addicts, data on punding has only derived from studies on Parkinsonian patients treated with dopaminergic drugs. Little is known in the literature about Parkinsonian patient's characteristics who suffer from punding.
*Objective* We propose to study characteristics of Parkinsonian "punders" in order to investigate the pathophysiology of this phenomenon.
*Methods* In this retrospective study, we use the "Ardouin Scale of Behavior in Parkinson's disease" database. This database was initially used to design a global scale to detect changes in mood and behavior of Parkinson's disease (PD) patients. We compared different variables between Parkinsonian patients who suffer from punding with non-punder Parkinsonian patients.
*Results* Eighty of the 258 patients were identified as punders. In univariate analysis, the punder and non-punder groups differed statistically with regard to the age of diagnostic of PD, hypersexuality and dopaminergic agonist treatment. In multivariate analysis, the punder and non-punder groups only differed statistically with regard to dopaminergic agonist treatment ($P = 0.05$).
*Conclusion* Dopaminergic agonist treatments appear to be more represented among patients with punding in our sample. Impulse control disorders (ICD) are known to be more common in patients treated by dopamine agonists. Punding could be considered as the most severe form of ICD that is linked to psychomotor stimulation and reward mechanisms.
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**EW134**

## Alexithymia and asthma

M. Turki[1,*], R. Naoui[1], N. Moussa[2], S. Sellami[2], I. Gassrara[1], N. Halouani[1], N. Hamza[1], J. Aloulou[1], S. Kammoun[2], O. Amami[1]
[1] *Hedi Chaker University Hospital, Psychiatry Department, Sfax, Tunisia*
[2] *Hedi Chaker University Hospital, Pulmonary Department, Sfax, Tunisia*
* *Corresponding author.*

*Introduction* Alexithymia refers to difficulties in verbal expression of emotions, commonly observed in patients with psychosomatic symptoms. In this context, asthma is described as one of psychosomatic diseases.
*Objectives* Identify clinical profile of asthmatic patients and assess the alexithymia level as well as associated factors.
*Methods* We conducted a cross-sectional, descriptive and analytic study, including 30 patients followed for asthma at pulmonary outpatient department, Hedi Chaker Hospital, Sfax, Tunisia, during September and October 2015. We collected socio-demographic and clinical characteristics. Asthma control level was assessed by

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the Asthma Control Test (ACT). Alexithymia was measured using Toronto Alexithymia Scale (TAS 20).
*Results* The mean age was 51 ans. Sex-ratio F/M was 14. The mean duration of disease was 11 years. Long-term control medicines were: inhaled corticosteroids, long-acting beta agonists and theophylline respectively in 86.7%, 33.3% and 26.7%. Two thirds of our patients had a bad therapeutic adherence. The average ACT score was 16.8 points. Asthma was uncontrolled in 1/3 and well controlled in 1/3 of cases. The average TAS 20 score was 64.8 points. Twenty percent of patients were non-alexithymic, 13.3% had a probable alexithymia and 66.7% were alexithymic. This score was positively correlated to bad asthma control ($P < 0.001$), long term evolution ($P = 0.002$) and use of inhaled corticoids ($P < 0.001$). It was inversely correlated to ACT score ($P < 0.001$).
*Conclusion* Our study shows the high prevalence of alexithymia in patients with asthma and its negative impact in asthma control. Psychological support aiming specifically alexithymic dimension in these patients is indispensable.
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**EW136**

## Psychiatric comorbidity does not only depend on diagnostic thresholds: An illustration with major depressive disorder and generalized anxiety disorder

H. van Loo [1,*], R. Schoevers [1], K. Kendler [2], P. de Jonge [1], J.W. Romeijn [3]
[1] *University Medical Center Groningen, Psychiatry, Groningen, Netherlands*
[2] *Virginia Commonwealth University, Virginia Institute of Psychiatric and Behavioral Genetics, Richmond, USA*
[3] *University of Groningen, Faculty of Philosophy, Groningen, Netherlands*
* *Corresponding author.*

*Background* High rates of psychiatric comorbidity are subject of debate: to what extent do they depend on classification choices such as diagnostic thresholds?
*Aims/objectives* To investigate the influence of different thresholds on rates of comorbidity between major depressive disorder (MDD) and generalized anxiety disorder (GAD).
*Methods* Point prevalence of comorbidity between MDD and GAD was measured in 74,092 subjects from the general population according to DSM-IV-TR criteria. Comorbidity rates were compared for different thresholds by varying the number of necessary criteria from $\geq 1$ to all 9 symptoms for MDD, and from $\geq 1$ to all 7 symptoms for GAD.
*Results* According to DSM-thresholds, 0.86% had MDD only, 2.96% GAD only and 1.14% both MDD and GAD (Odds Ratio [OR] 42.6). Lower thresholds for MDD led to higher rates of comorbidity (1.44% for $\geq 4$ of 9 MDD-symptoms, OR 34.4), whereas lower thresholds for GAD hardly influenced comorbidity (1.16% for $\geq 3$ of 7 GAD-symptoms, OR 38.8). Specific patterns in the distribution of symptoms within the population explained this finding: 37.3% of subjects with core criteria of MDD and GAD reported subthreshold MDD symptoms, whereas only 7.6% reported subthreshold GAD symptoms.
*Conclusions* Lower thresholds for MDD increased comorbidity with GAD, but not vice versa, owing to specific symptom patterns in the population. Generally, comorbidity rates result from both empirical symptom distributions and classification choices and cannot be reduced to either of these exclusively. This insight invites further research into the formation of disease concepts that allow for reliable predictions and targeted therapeutic interventions.
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# Consultation liaison psychiatry and psychosomatics

**EW137**

## Classical homocystinuria and psychiatric disturbances – A case report

T. Abreu [1,*], C. Freitas [2], A.R. Figueiredo [3]
[1] *Centro Hospitalar do Tâmega e Sousa, Department of Psychiatry and Mental Health, Penafiel, Portugal*
[2] *Centro Hospitalar do Tâmega e Sousa, Department of Psychiatry and Mental Health, Amarante, Portugal*
[3] *Centro Hospitalar de Trás-os-Montes e Alto Douro, Department of Psychiatry and Mental Health, Vila Real, Portugal*
* *Corresponding author.*

*Introduction* Classical homocystinuria (cystathionine beta synthase deficiency) is a rare autosomal recessive disease of methionine metabolism that causes accumulation of homocysteine in the blood and cysteine deficiency. It is characterized by intellectual disability, ectopia lentis, skeleton abnormalities resembling Marfan syndrome and thromboembolic episodes. The majority of patients have psychiatric disturbances as depression, behavioral disorders, personality disorders, obsessive-compulsive disorder and, less commonly, bipolar disorder and psychosis.
*Objectives and aims* To briefly review psychiatric disturbances in patients with homocystinuria and present a case report.
*Methods* Literature research and analysis of patient's clinical data.
*Results* A 22-year-old male was diagnosed with classical homocystinuria at age 4 due to intellectual disability and renal alterations. With aging, other problems emerged: epilepsy; postural tremor; dysesthesia; ectopia lentis; orofacial myofunctional disorder; asthma; and patellar instability. He went to a special education program. At age sixteen, he initiated Child Psychiatry consultations due to anxiety and behavioral changes, as difficulty in controlling impulses, establishing relationships and in the perception of the self. Nowadays, the patient is followed in psychiatric consultations, where he has demonstrated high difficulty to empathize. He is being treated with vitamin supplements; betaine; levetiracetam; clobazam; and propranolol, combined with a special diet.
*Conclusions* It is not practical to screen every psychiatric patient for Homocystinuria, but this disease should be considered when there is a family history, early and/or acute onset, intellectual disability, atypical symptoms, unusual response to treatment, progressive cognitive change and other organic disturbances present in this disorder.
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**EW139**

## Familial multiple cavernomatosis and neuropsychiatric symptoms: Is there any relation?

V. Espirito Santo [1,*], R. Almendra [1], A.R. Figueiredo [2], A. Almeida [3], I. Rego [4], P. Guimaraes [1], A.G. Velon [1]