dynamic nature of facial displays in real life, we used morphed videos depicting faces varying 1% from neutral to angry, disgust or happy faces, with a video presentation of 35 seconds.
Method Sixty participants (27 males and 33 females) were divided into high (HA) and low levels of alexithymia (LA) by using the Toronto Alexithymia Scale (TAS-20). Participants were instructed to watch the face change from neutral to an emotion and to press a keyboard as soon as they could categorize an emotion expressed in the face.
Results The results revealed an interaction between alexithymia and emotion showing that HA, compared to LA, were more inaccurate at categorizing angry faces.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV345

Neuro-Behçet's psychiatric symptoms

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Neuro-Behçet (NB) results from inflammatory peri-vasculitis affecting the central nervous system. Non-specific neurological and psychiatric symptoms are rarely the first presentation and may difficult or delay diagnosis and treatment.
We review, based on a case study and published literature, the psychiatric symptoms of NB when no clear evidence of neurologic disease activity is present.
We present the case of a female patient, who was diagnosed NB at age 23 for recurrent meningo-encephalitis, that showed progressive behavioral changes, with increased impulsivity, disinhibition, hostility and self-neglect.
Raised in a dysfunctional family, she ran away from home at 16, abandoned her studies, started abusing cannabinoids and showed an erratic life course.
In 2015, because of increasing psychiatric symptoms, she was admitted to hospital and a complete neuropsychological evaluation showed that she had a significant decline from an above average premorbid cognitive function, specifically related to memory deficits. CT and MRI didn't show typical signs of active disease. However, a SPECT scan showed hypo-perfusion of the frontal cortex compatible with the patient's symptoms.
It is difficult to assess NB's activity as brain inflammation is only observed after structural changes are present. In this case the SPECT correlated well with psychiatric symptoms. The differential diagnosis includes organic pathology with psychiatric symptoms, psychiatric disease, personality disorders and substance abuse.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV347

Inconsistent decline of executive functions in patients with early and late Huntington's disease

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Background Huntington's disease (HD) is characterized by executive dysfunctions like problems with planning, accuracy, inhibition and impulsivity. During the course of the disease executive function worsens with ongoing pathological changes in the basal ganglia. However, it is not clear whether cognitive dysfunction develops gradually or not during the course of the disease.
Methods We assessed the development of executive dysfunction in 23 patients with early HD and 29 patients with late HD on the Tower of London (ToL) for the number of solved problems, planning time and number of breaks.
Results HD patients showed a linear decrease of accuracy (as assessed by number of solved problems) during the course of the disease. Controls scored significantly higher than early stage HD patients and early stage HD patients scored significantly higher than late stage HD patients. In planning time and number of breaks a non-linear decrease was found.
Conclusion Executive dysfunctions in HD are not alone connected to degenerative changes in the striatum as they do not develop gradually and linear during the course of the disease. Obviously, executive function could not be seen as a single component, but as a combination of different abilities, which show a non-linear and non-parallel decline.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV348

Neuropsychiatric manifestations of vitamin B12 and folate deficiencies: Data from an inpatient psychiatric department

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Introduction The prevalence of vitamin B12 and folate deficiency is significant in the psychiatric population. These deficiencies may be associated with varied neuropsychiatric signs and symptoms, caused by different pathophysiological mechanisms.
Objectives Characterize the main neuropsychiatric signs and symptoms associated with vitamin B12 and folate deficiencies. Evaluate the prevalence of these vitamins deficiencies in an acute inpatient psychiatric department, dedicated to Affective Disorders.
Aims To review the clinical significance of vitamin B12 and folate deficiencies in psychiatric disorders and reflect on the importance of routine screening in mental health care.
Material and methods Observational, retrospective and descriptive study, with analysis of clinical and blood tests data concerning the total number of inpatient episodes in 2015. Non-systematic review of the scientific literature.
Results A small case series of the patients that had folate or B12 deficiency detected is presented. The prevalence of vitamin B12 and folate deficiencies found in our study is in accordance with the data found in the literature.
Conclusions Vitamin B12 and folate deficiencies should be considered in the approach to the psychiatric patient as its neuropsychiatric manifestations are varied, can be severe, and may constitute a potentially treatable cause of mental disorder. Our data shows that folate and B12 deficiencies are significant in inpatients and we believe it justifies routine screening at admission.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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