

EV1324

Delayed post-hypoxic leukoencephalopathy: Case reportM. Solerdelcoll Arimany^{1,*}, M. Garriga², E. Parellada³¹ Institute of Neuroscience- Hospital Clínic de Barcelona- Barcelona- Spain, Department of Psychiatry and Psychology, Manlleu, Spain² Institute of Neuroscience, Hospital Clínic Barcelona, IDIBAPS, CIBERSAM, University of Barcelona, Barcelona, Catalonia, Spain, Bipolar Disorders Unit, Barcelona, Spain³ Institute of Neuroscience, Hospital Clínic Barcelona, IDIBAPS, CIBERSAM, University of Barcelona, Barcelona, Catalonia, Spain, Barcelona Clinic Schizophrenia Unit BCSU, Barcelona, Spain

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Introduction Delayed post-hypoxic leukoencephalopathy (DPHL) is an underrecognized syndrome of delayed demyelination, where patients manifest neuropsychiatric symptoms after a period of 2–40 days of apparent recovery from a cerebral hypo-oxygenation episode.

Objectives We report a case of a patient who successfully recovered from an overdose of heroin, but then suffered a delayed abrupt neurological deterioration.

Aims To improve assessment and recognition of DPHL.

Methods An adequate retrospective collection of clinical data and nonsystematic review of the literature was performed.

Results A 43-year-old male with schizoaffective disorder who attempted suicide with an overdose of heroin, was successfully revived and return to his previously mental status, but 3 weeks after, he abruptly developed progressive cognitive impairment with akinetic mutism and ataxia. He was admitted to our acute psychiatric unit after brain CT and chemistry analyses were unremarkable. Brain MRI showed diffusely symmetric hyperintensity in the white matter (WM), pronominally the periventricular WM, on FLAIR and T2 weighted sequences. At 16 weeks postoverdose, he presented improvement both cognitive and motor symptoms, lasting deficits in frontal-executive functions.

Discussion DPHL is characterized by similar clinical and neuroimaging features regardless of the initial insult. The mean lucid interval coincides with the replacement half-life for myelin related lipids and proteins. Prolonged mild-to-moderate hypo-oxygenation of WM is thought to disrupt myelin turnover. It appears probable that these were responsible for DPHL in our patient rather than a direct toxicity.

Conclusion DPHL can be diagnosed when clinical history, laboratory assessments and MRI findings are concordant. DPHL requires extensive support care and carries a relatively good prognosis.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1654>

EV1325

When schizophrenia leads to terrorism: A case report

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Background Some have suggested that terrorists are mentally ill and have used labels such as psychopathic or sociopathic, narcissistic, paranoid, are schizophrenic types, or passive-aggressive. Others have argued that although terrorist actions may seem irrational or delusional to society in general, terrorists in fact, act rationally, and there is no evidence to indicate that they are mentally ill/disordered, psychopathic or otherwise psychologically abnormal.

Objective and method Here we present the case of Mr. A, a 32 year old man diagnosed with schizophrenia, who travelled to Egypt and Syria in attempt to join the ISIS terrorist organization, and discuss

the clinical features, treatment processes and two years follow-up of this particular case.

Conclusion As described in some studies, most terrorists do not demonstrate serious psychopathology and there is no single personality type. Thus, the relationship between terrorism and mental illness mostly refers to the question about pathological travel as part of a religious and messianic delirium.

Keywords Schizophrenia; Terrorism; Pathological travel; Religion

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1655>

EV1326

Impairment of visual working memory among patients with paranoid schizophreniaM. Stoimenova-Popova^{1,*}, I. Veleva¹, P. Chumpalova¹, L. Tumbev¹, A. Todorov¹, M. Valkova², V. Valtchev³¹ Medical University-Pleven, Faculty of Public Health-Psychiatry and Medical psychology, Pleven, Bulgaria² Medical University-Pleven, Neurology and Neurosurgery, Pleven, Bulgaria³ National Sports Academy, Biochemistry and Physiology, Sofia, Bulgaria

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Introduction Schizophrenia is associated with working memory (WM), executive dysfunction and access visual WM dysfunctions among patients with paranoid schizophrenia (PSz).

Material and methods We examined 89 patients (41.35 ± 11.52 years old, 65 males, 24 females, 15 with basic, 52 with middle and 22 with high formal education) with PSz (65% with prevalence of positive and 31 of negative syndromes) by Benton visual retention test (BVRT, var.A and E).

Results The average number of correct performed items was 3.12 ± 1.183 , the average errors, 13.04 ± 3.70 (6.51 ± 3.05 at left and 5.35 ± 2.30 at right visual field (VF)). Females had more corrects ($P = 0.0256$). Education is associated with less errors and more corrects. Patients with prevalence of negative syndromes showed more errors at left VF than those with positive, although the total number of errors and corrects were similar. Ageing was not directly associated with total number of corrects and errors. Twenty-three percent of our patients had addictions, 52% had omissions, 96% distortions (average 4.12 ± 2.31), 78% perseverations, 79% rotations, 83% misplacements and 61% size errors. Horizontal displacements were obtained from 42%.

Conclusions Visual WM dysfunction is frequent among patients with PSz. Female sex and high education are associated with better test performances. Negative syndromes are related with high number of errors at left VF, but not with total numbers of corrects and errors. We suggest horizontal displacement as specific error among patients with PSz.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1656>

EV1327

Hypothyroidism in psychiatric patientsI. Melatto¹, M.D.L. Pequeno², A. Santos², H. Gilberto³, D. Malheiros³, F.J. Roper Peláez⁴, G. Taniguchi Rodrigues⁵, J. Magalhães¹, S. Taniguchi^{1,*}¹ Albert Einstein Hospital, Basic Sciences, Santo André, Brazil² CAPS II Jardim Lúcia, Psychiatry, São Paulo, Brazil³ Albert Einstein Hospital, Health Economics, São Paulo, Brazil

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Introduction Hypothyroidism psychocognitive key features may include melancholia, memory impairment, depression and dementia which could be misdiagnosed as a psychiatric disorder.

Objective To study the incidence of hypothyroidism in psychiatric patients.

Methods This retrospective study included 232 psychiatric patients with mean age of 43.39 ± 10 years old weight mean of 79.81 ± 19.07 kg, BIM of 29.55 ± 6.83 , enrolled in a public mental health service.

Results Twenty point twenty-one percent (39) patients presented hypothyroidism with thyroid-stimulating hormone (TSH) levels above 5 mIU/L and Free T4 levels below 0.7 ng/dl.

Comparing the incidence of hypothyroidism in Brazilian population estimated rate of until 10% [1] with this psychiatric patients population we observed a significant difference with p value of $2.28 \text{ E-}6$. Neuroleptics 92%(36), biperiden 62%(24) and benzodiazepines 38% (15) were the most frequent prescribed drugs for these hypothyroidism patients.

Conclusion Significant difference in the incidence of hypothyroidism between general Brazilian population and the studied psychiatric patients was observed [2,3].

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

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1657>

EV1328

Issues surrounding severe psychiatric post-patients' community living in Japan; how can we best prepare them?

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Introduction The average length of stay in Japan at psychiatric hospital is 292 days. In recent years, measures to shorten the hospitalisation period are being promoted.

Objective To understand patients who were discharged from emergency ward/acute psychiatric care units the needs post-discharge, in order to improve the quality of psychiatric nursing care at the psychiatric out patient care.

Methods Sixty-two patients who have been hospitalised in emergency ward/acute psychiatric care units, with a diagnosis of

schizophrenia and mood disorders, and currently visiting the out-patient department of psychiatric care were selected as the subject. Semi-structured interviews were conducted.

Results The issues that patients faced post-discharged were;

– daily life issues: how to support themselves, how to cook, what to eat, and how to sleep;

– relationship with families and supporters;

– concerns of their conditions such as anxiety, restlessness, dissatisfaction, loneliness, isolated feeling, drowsiness. Patients consulted their family members, their doctors, or professionals other than doctors.

Conclusion The needs for the support for patients who recently discharged from an acute psychiatric ward were high, with the instability of the patient as well as the possibility of worsening their symptoms. There was a high demand for professionals other than a doctor as a consultant, given the limited consulting resources the patients have. The patients' concerns post-discharge varied widely, focusing mainly on their daily lives. Support system, including monitoring, is necessary during early stages of discharge.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1658>

EV1329

Corticosteroid-induced psychosis: Case report and review of the literature

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Introduction Steroid psychosis still presents many unsettled clinical aspects. Despite several reviews and case reports are available, modes of onset and recovery need a more accurate description. We will focus on a 53-year-old woman who was hospitalized against her will because of her agitated psychotic state. Her symptoms were indicative of an acute psychotic disorder resulting from the use of corticosteroids. We considered it important to report this case because corticosteroids have been widely prescribed since about 1950 to treat a broad spectrum of somatic illnesses and to emphasize the relevance of the dose of steroids in this case.

Objectives We describe a case of substance-induced psychotic disorder resulting from corticosteroids administration and we review the scientific literature about this topic.

Aims To obtain more information about the incidence of steroid-induced psychotic symptoms, the relation between the type of steroids, its dose and the clinical presentation, the most important risk factors and how to prevent psychotic episodes during steroids-treatment.

Methods After discussing the case, we studied the literature systematically using official medical browsers.

Results Very little reliable evidence has been available relating to steroid-induced psychosis.

Conclusions There is much to learn about adverse psychiatric reactions to corticosteroid treatment. It should be improved awareness of the limited available knowledge and to stimulate research aimed at improved methods of prevention, recognition and treatment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1659>