

to obtain the best result for our patients. Most of the times, the somatic process affects direct or indirectly to mental health and vice versa, so our cooperation is extremely important for the patient's wellbeing.

Objectives: With this study we try to find special considerations and necessities of every specialty that count on us in our hospital. We have design this batabase with the aim of discovering which are the main problems that suffer the admitted patients, which doubts face our colleagues when evaluate mental health patients, etc. Thus, our team could help other physicians properly or so we could establish a proper liaison in order to make things easier.

Methods: A database has been created with all the patients evaluated by our liaison psychiatry team during half a year. We have taken into account sex, age, referral specialist, mental health diagnosis (after our evaluation), previous mental health follow-up, if they are on psychopharmacology treatment, if they require psychopharmacology treatment and if they require follow-up once discharged.

Results: 22,9% were kid/adolescent patients. 25,8% were elderly people (>70 yo). 47% were men (of which, 6% were trans men), 53% were women. 22,9% suffered from adjustment disorder, 14,1% had no acute mental health problem, 11,76% presented substance abuse. Main petitions were made from Internal Medicine (30%)

Conclusions: With this information we can explore other specialists' and admitted patients' needs and concerns and focus our effort in solving them.

Disclosure: No significant relationships.

Keywords: liaison; coordination; psychiatry; physicians

EPV0317

Behavioural disturbances as the clinical presentation of Wernicke Encephalopathy: a case report

F. Mayor Sanabria*, A. Bermejo Pastor, M. Fernández Fariña, M.E. Expósito Durán, C. Regueiro Martín-Albo, M. Jiménez Cabañas and C. Ortiz Sánchez-Expósito

Hospital Clínico San Carlos, Instituto De Psiquiatría Y Salud Mental, Madrid, Spain

*Corresponding author.

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Introduction: Wernicke Encephalopathy (WE) is the best characterized neurological complication of thiamine deficiency. Its clinical presentation can be diverse, including hallucinatory or delusional symptoms, and not necessarily associated with the classical triad of WE. This correlates with higher rates of under diagnosis. We present the case of a 72-year-old man with a history of alcoholism who was admitted to the hospital due to behavioural disturbances and subacute delusional ideas of harm.

Objectives: To review the epidemiology and clinical features of WE, as well as its clinical management.

Methods: Review of the literature on WE clinical presentation and management, focusing on psychopathological symptoms, applying the information to this specific case.

Results: Classical triad of WE is only to be found in 10-17% of patients. The most common clinical presentation is changes in

mental state (82%), varying from subtle changes in memory, apathy, subtle disorientation or indifference to more severe presentations such as delirium, stupor or coma. Other frequent symptoms include oculomotor dysfunction and gait ataxia. High dose thiamine supplementation therapy has proven effective in preventing clinical progression and permanent neurological damage.

Conclusions: - WE is the most prevalent complication of thiamine deficiency, being associated to alcoholism in 50% of cases. - Changes in mental state is the most frequent form of clinical presentation, not necessarily associated with the classical triad of WE. - WE is a medical emergency that requires high dose thiamine supplementation therapy to prevent permanent neurological damage.

Disclosure: No significant relationships.

EPV0318

Knowledge of conversion disorder by primary care physician

I. Baati¹, M. Ben Abdallah^{1*}, A. Arous¹, F. Guermazi¹, S. Hentati¹, J. Jdidi² and J. Masmoudi¹

¹CHU Hedi CHaker hospital Sfax Tunisia, Department Of Psychiatry (a), Sfax, Tunisia and ²CHU Hedi CHaker hospital Sfax Tunisia, Department Of Community Health And Epidemiology, Sfax, Tunisia

*Corresponding author.

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Introduction: Primary care physicians tend to examine patients with conversion disorder (CD) first. A good knowledge of this disorder will allow an early diagnosis and avoid unnecessary investigations for the patient.

Objectives: To assess the knowledge of primary care physicians about patients with CD.

Methods: We conducted a cross-sectional and descriptive study among 90 primary care physicians in Sfax (Tunisia). We used an anonymous self-questionnaire for data collection.

Results: The response rate to our questionnaire was 60%. The participants' age ranged from 25 to 70 years, with a median of 41 years. The sex ratio (M/F) was 0.92. The majority of physicians (75.9%) have practiced in the public sector. Among the respondents, 75.9% had theoretical training in CD, 14.8% had continuing medical education (CME), and 42.6% had hospital experience in a psychiatric department. The overall proportion of correct answers was 71.8%. The most recognised symptoms of CD were: dysphonia-aphonia, paresthesia or paresis. All doctors mentioned at least one criterion to distinguish CD from epileptic seizures and loss of consciousness.

Conclusions: There are some gaps in primary care physicians' knowledge of CD. Thus, we propose to reconsider the conduct of CME, to favour small group training workshops with role-playing and to improve the collaboration between the psychiatrist and the primary care physician.

Disclosure: No significant relationships.

Keywords: knowledge; Primary Care Physician; Conversion Disorder