

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, psychosis, 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 tricyclic 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), persistent 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 syndromic 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 astheno-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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