

very creative persons (VCP); mildly creative persons (MCP); slightly creative persons (SCP). VCPs have a significantly lower level of depression and have a better QoL compared to SCPs. MCPs have a level of depression between the other groups and a similar level of QoL than VCPs. These results suggest that creativity could have a noticeable influence on how patients experience their cancer. Further studies on this phenomenon will be necessary for creativity to be taken into account for psychological follow-up in oncology.

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## EV0208

### Temporal tumor as a cause of bipolar-like disorder?

S. Domingues<sup>1,\*</sup>, M. Cotter<sup>2</sup>, I. Amado<sup>3</sup>, R. Massano<sup>4</sup>

<sup>1</sup> Centro Hospitalar do Médio Tejo, Hospital de Tomar, Psiquiatria, Leiria, Portugal

<sup>2</sup> Centro Hospitalar do Médio Tejo, Hospital de Tomar, Psiquiatria, Guimarães, Portugal

<sup>3</sup> Centro Hospitalar do Médio Tejo, Hospital de Tomar, Psiquiatria, Coimbra, Portugal

<sup>4</sup> Centro Hospitalar do Médio Tejo, Hospital de Tomar, Psiquiatria, Tomar, Portugal

\* Corresponding author.

**Introduction** The relationship between brain tumours, temporal epilepsy and psychiatric symptoms are historically known.

**Objectives** To report a case of mania in a patient with previous diagnosis of bipolar disorder, temporal tumour and temporal epilepsy.

**Methods** Clinical records. Research on PubMed, using “lateral temporal epilepsy” or “brain tumour” and “mania”.

**Results** A 52 years old man was conducted to the emergency department by the police. He was found with psychomotor agitation at the Sanctuary of Fátima. He was apparently hyperthymic with flight of ideas. He had a history of epilepsy and temporal tumour and two previous manic episodes. It was assumed as a manic episode.

During inpatient evaluation, patient had memory for the occurrence. He described a sudden onset on the day before, after drinking wine. He described delirant atmosphere, persecutory and mystic delusional beliefs “this is the third secret of Fátima being revealed”, followed by ecstasy and psychomotor agitation. Remission was obtained in one week on psychotropics. MRI documented the lesion. Electroencephalography performed one month later revealed “slow waves.”

**Conclusions** Organic causes should be excluded before consider a psychiatric disorder. The hypothesis of epilepsy-related psychosis or mania and other effects of a temporal tumour should be considered in etiology. However, co morbidity with bipolar disorder cannot be excluded.

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

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## EV0209

### Misophonia and affective disorders: The relationship and clinical perspective

M. Erfanian<sup>1,\*</sup>, J. Jo Brout<sup>2</sup>, A. Keshavarz<sup>3</sup>

<sup>1</sup> Maastricht University, Faculty of Psychology and Neuroscience, Maastricht, The Netherlands

<sup>2</sup> International Misophonia Research Network, Sensory Processing Disorder, New York, USA

<sup>3</sup> Azad University, Psychology, Torbat-e-Jam, Iran

\* Corresponding author.

Misophonia is characterized by aversive reactivity to repetitive and pattern based auditory stimuli [1]. Misophonic sufferers demonstrate autonomic nervous system arousal, accompanied by heightened emotional distress. Sufferers describe extreme irritation, anger, and aggressive urge with physiological reactions including hypertonia, diaphoresis and tachycardia [2]. Some studies have found comorbidity with psychiatric disorders. However, most of these studies used small samples and few experimental methodologies [3]. This study identifies the possible relationship between misophonia and affective disorders, and any difference between the severity of misophonia in male and female patients. Fifty misophonic patients (female = 25, mean age = 46.28) were evaluated with Amsterdam Misophonia Scale (A-MISO-S) for the diagnosis of misophonia and with the M.I.N.I International Neuropsychiatric Interview for the diagnosis of affective disorders. Among  $n=50$  misophonic patients, we found major depression (MDD)=11, melancholic depression = 5, dysthymia = 11, suicidality = 10, manic = 3, panic disorder = 8, agoraphobia =, social phobia =, obsessive compulsive disorder (OCD) = 14, post-traumatic stress disorder (PTSD) = 15. Misophonia was associated with MDD ( $U=76, P=.001$ ), suicidality ( $U=67, P=.001$ ), OCD ( $U=115, P=.002$ ) and PTSD ( $U=142.5, P=.008$ ). There was an indication of a significant difference between men and women in severity of misophonia ( $U=160.5, P=.002$ ). The presence of these varying affective disorders suggests that the sufferers are at high risk for affective disorders. Investigation of the co-morbidity will assist researchers to better understand the nature of the symptoms and how they may be interacting.

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

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## EV0210

### Therapeutic patient education: A solution to the treatment of obesity and metabolic syndrome in psychiatry

A. Bailly, L. Fau, C. Lourieux, N. Gramaje, A. Mechain, A. Arnaud, F. Pillot-meunier\*

Centre Hospitalier Le Vinatier, Pole Up Mopha, Bron, France

\* Corresponding author.

**Introduction/objectives** Obesity and overweight are major public health issues. Obesity is a risk factor associated with many non-communicable diseases such as diabetes, certain types of cancers, musculoskeletal disorders and cardiovascular, dermatological or gastroenterological diseases. Patients with severe psychiatric disorders have a higher risk of developing overweight or obesity than the general population. The risk of obesity in schizophrenics patients can be multiplied by a factor ranging from 2.8 to 3.5. Patients suffering from mood disorder have slightly lower risk of obesity, however we still consider a factor ranging from 1.2 to 1.5. This significant weight gain can be partly explained by medication.

**Methods** The hospital centre Le Vinatier, in France, has developed a therapeutic patient education program in helping patients to self-manage their preventable disease. In order to tackle the multifaceted nature of obesity, the program used the expertise of many different professionals: general practitioners, dieticians, dentists, physical adapted education teachers, pharmacists, nurses and so on. This programme is provided for patients suffering from obesity or an overweight complicated by diabetes, or/and metabolic syndrome, and/or history of cardiovascular diseases or/and a failure of a dietary monitoring. The program includes individual care and collective workshops in nutrition, oral health, body image, adapted physical education, and roundtable.

**Results/conclusions** A retrospective study has already shown that this therapeutic patient education program, like others before, presented better results than dietary consultations. A prospective study is currently being carried out to validate these results in the long term and to demonstrate the benefit associated to this program.

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

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#### EV0211

### Prevalence of depression among patients with tuberculosis at Perundurair TB hospital, Tamilnadu–depression, a comorbidity of TB

D.L. Francis

Tamil Nadu Dr MGR Medical University, Public Health, Chennai, India

\* Corresponding author.

**Introduction** Tuberculosis is one of India's major public health problems. According to WHO estimates, India has the world's largest tuberculosis epidemic. Many research studies have shown the effects and concerns revolving around TDR-TB especially in India, where social and economic positions are still in progression. **Materials and methods** Seventeen questionnaires were administered to the consented participants regarding the demographic data and awareness, also Hospital Anxiety and Depression Scale (HADS) was recorded to analyse the level of depression. The average age was 32.3 years (STD = 12.7), and the age range was from 13 years to 71 years. The data collected was analysed with SPSS 19.

**Results** The patients who were in the intensive phase had a considerably higher depression rate (42%) than the patients who were in the continuous phase (22%). However, the variations were not enough for the statistical significance. The patients with TB only (35%) showed a higher depression rate than the patients with TB/HIV (28%).

**Conclusion** According to this study, it can be found that the prevalence of depression was lower for patients who were old, female, college educated, married, and earned the highest, compared with their counterparts. Most of these findings might agree with a general perception that social and financial stabilities would provide a less likelihood of being depressed.

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#### EV0212

### Prevalence and predictors of metabolic syndrome in a sample of Italian psychiatric inpatients

L. Fusar-Poli\*, N. Brondino, M. Rocchetti, M. Ballerio, M. Vercesi, F. Grasso, P. Politi

University of Pavia, Department of Brain and Behavioral Sciences, Pavia, Italy

\* Corresponding author.

**Introduction** Psychiatric population is characterized by a higher prevalence of cardiovascular events compared to general population. This difference might be due, in part, to the metabolic adverse effects of psychotropic agents, and, in part, to common risk factors such as smoking, sedentary lifestyle and unhealthy diet. Another potential risk factor is represented by the presence of metabolic syndrome (MetS).

**Objectives** We aimed to evaluate the prevalence of MetS and to identify the baseline predictors for the longitudinal development of MetS in a sample of Italian psychiatric inpatients.

**Methods** Medical records of 343 patients admitted to our psychiatric ward between 2007 and 2012 were retrospectively reviewed. **Results** Prevalence of MetS was 21.5%. MetS appeared directly associated with age and number of medication assumed. ROC curves showed HDL as the best predictor of metabolic syndrome in our sample.

**Conclusions** Our results confirm previous data on the association between metabolic syndrome and exposure to complex polytherapy. Additionally, our findings support the notion of psychiatric patients as an at-risk group for metabolic abnormalities, which should be carefully monitored.

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

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#### EV0213

### New horizons of dual pathology, report of a case

S. Garcia Marin<sup>1,\*</sup>, I. De Haro Garcia<sup>2</sup>, N. Martinez Pedrosa<sup>3</sup>, M.D. Ortega García<sup>4</sup>, V. Marti Garnica<sup>4</sup>, S. Galiano Rus<sup>5</sup>, A. Soler Iborte<sup>5</sup>, P. Lucas Borja<sup>6</sup>

<sup>1</sup> Centro Salud Mental Lorca, Adultos, Lorca, Spain

<sup>2</sup> Centro Salud Mental Lorca, CAD, Lorca, Spain

<sup>3</sup> Hospital de Vinalopó, Adultos, Elche, Spain

<sup>4</sup> Centro de Salud Mental Cartagena, Adultos, Cartagena, Spain

<sup>5</sup> Hospital Úbeda, Agudos, Úbeda, Spain

<sup>6</sup> Hospital de Torrecárdenas, Agudos, Almería, Spain

\* Corresponding author.

**Introduction** Pathological gambling, as behavioural addiction, is always related with psychosocial important problems. In this case, everything is even more difficult due to grave mental disease associated, Paranoid Schizophrenia. Man, 26 years old, single. He was diagnosed of psychotic disease at the beginning due to his grave addiction to THC and others stimulant drugs. His outpatient treatment was complicated and he needed to be hospitalised once (being diagnosed of Schizophrenia). After that, he improved till he got a standardised job. He was able to have his medical treatment (Aripiprazol 15 mgs per day and Biperidene 4 mgs per day) although he kept his isolation. Then, the patient could talk about his pathological gambling. He suffered from slot machine addiction, and he also suffered from depression symptoms closely related to family and economic problems due to pathological gambling. This patient was in contemplation state and he accepted to start with antidepressant (Mirtazapine 15 mgs per day) and psychological treatment. We agreed to make a record of his gambling uses (with regular self-reports). His salary would be administered by his parents and he only could take a little money every week. The treatment was useful; it increased the capacity of economic self-management and the recovery of depression disease related.

**Conclusions** In our opinion, he used gambling as filling a need for activity, and as a way of connecting with society/world. These findings suggest the need for improved prevention and treatment efforts related to problem/pathological gambling in individuals with psychotic disorders.

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

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#### EV0214

### The link between developmental psychiatry and dual disorders from early attachment to first drugs abuse

E. Garcia<sup>1,\*</sup>, R. Moreno<sup>2</sup>, B. Tarjuelo<sup>3</sup>

<sup>1</sup> Psychiatry, General Hospital Toledo, Addiction's Conduct Unit, Toledo, Spain

<sup>2</sup> Sermas, CSM Vallecas, Madrid, Spain