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

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EW0703

The squeezing snake, a psychiatric presentation of epilepsy: A case report

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Introduction Epilepsy is considered a complex neurological disorder with a great variety of clinical presentations that can resemble psychiatric disorders.
Objectives Disclose an unusual clinical case with psychiatric symptoms as the presentation of epilepsy.
Methods Psychiatric assessments and retrospective review of the clinical file and literature research.
Results A 40-years-old Romanian woman presented to the psychiatry outpatient service with a history of persistent depressive mood and disturbed sleep for the past 3 years, complaining of a feeling that she described as "a snake squeezing around her body, starting in her left leg and spreading to the rest of her body up to the neck" associated with a sense of pins and needles, occurring during night time. She attended general practice, neurosurgery and psychiatry appointments. Her medical history included "gastritis" and lower left leg fracture and a pituitary microadenoma revealed in brain CT-scan. Blood work, including endocrine tests and brain-MRI were normal. Her symptoms initially led to diagnosis of: anxiety, somatization, Ekbom syndrome and depression. She was treated with antidepressives, antipsychotics and anxiolytics, without response. After careful reconstruction of the clinical history and further analyses of her complaints, the diagnosis of focal sensory jacksonian seizure was made. Levetiracetam introduction led to symptomatic remission.
Conclusion Epilepsy includes a variety of neuropsychiatric symptoms. This case illustrates that epileptic patients may experience non-convulsive seizures that might be mistaken as primary psychiatric disorders. Neurologists and psychiatrists must be aware of this varied presentation while obtaining the medical history in order to investigate and manage this patient effectively.
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EW0704

A case of neurosyphilis in a patient presenting with bipolar mixed episode suggestive symptoms

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Introduction Syphilis is a sexually transmitted disease caused by *Treponema pallidum*. Early invasion of the central nervous system might occur early in the course of the disease. Clinical manifestations may include acute meningeal syphilis, meningovascular syphilis, paretic neurosyphilis and tabetic neurosyphilis. Psychiatric symptoms are often the presenting symptoms of this illness and the correct diagnosis involves both a high degree of suspicion and adequate diagnostic tests.
Objectives The authors report a case of a patient, with no previous history of mental illness, initially admitted in a psychiatric unit with a clinical picture suggestive of a mixed bipolar disorder episode who has been diagnosed with neurosyphilis a year after.
Methods Review of clinical records and complementary exams.
Results By the first admission, the patient presented with depressed and irritable mood, emotional lability, aggressiveness, grandiose and racing thoughts. Upon discharge, he was diagnosed with bipolar disorder and referred to ambulatory unit. The following year he starts presenting cognitive deficits and a progressive loss of autonomy in daily living activities, being referred to neurology evaluation. A year after the first admission, he is admitted in a neurology unit and diagnosed with neurosyphilis.
Conclusions Current prevalence of symptomatic neurosyphilis in Western Europe is unknown. Atypical cases presenting with heterogeneous psychiatric and neurologic symptoms, with no previous history of mental illness, should raise a high index of clinical suspicion, since consequences for the patient's health might be severe if not properly diagnosed and treated.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0705

Reduced left frontal GABA in ultra-high risk of psychosis patients. 1H MRS study

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Introduction Some previous findings indicate participation disturbance of balance between excitatory (GABA) and inhibitory (Glu) neurotransmitters in pathogenesis of schizophrenia. The aim of this study was to evaluate GABA and GLX levels in the brain of medicated UHR subjects.
Objectives Twenty-one (18–25 years, mean = 19.4, SD = 3.5) right-handed medicated UHR men and 26 (18–25 years, mean = 19.8, SD = 2.2) mentally healthy volunteers participated in this study. The patients were included in the UHR group in accordance with criteria of prodromal states.
Methods 1H MRS (MEGA-PRESS pulse sequence [Mescher, NMR Biomed 1998;11:266]) was used for GABA and GLX detection. Volumes of interest in size of $30 \times 30 \times 30$ mm were placed in the left and right frontal lobes in the areas of the anterior cingulate cortex (ACC) (Fig. 1).
Results The main effects on the GABA/Cr ($t[45] = 4.17$, $P < 0.01$) (Fig. 2A) and GABA/GLX ($t[45] = 2.84$, $P < 0.01$) (Fig. 2B), were found in the left ACC (t[45] = 4.17, $P < 0.01$), with the patients having lower GABA/Cr and GABA/GLX ratios as compared to the control group. Also significant negative correlation ($r = -0.49$, $P = 0.04$) between GABA/Cr in the right ACC and the current daily dosage of antipsychotic medication in CPZ-Eq was found (Fig. 3).
Conclusion This study reveals for the first time a significant reduction of (GABA) (25%) and GABA/GLX ratio (20%) in left AC of UHR subjects. According to (de la Fuente-Sandoval, Int J Neuropsychopharmacol 2015;19[3]) and association of (GABA) with daily dosage of medication found, this reduction may be caused by the antipsichotic treatment.

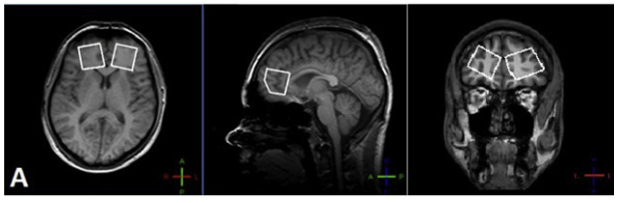

Fig. 1 1H MRS VOI localizations.

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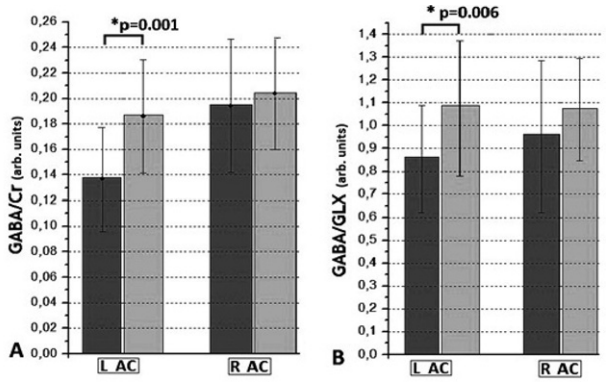

Fig. 2 Reduced GABA (A) and GABA/GLX (B) in the left ACC.

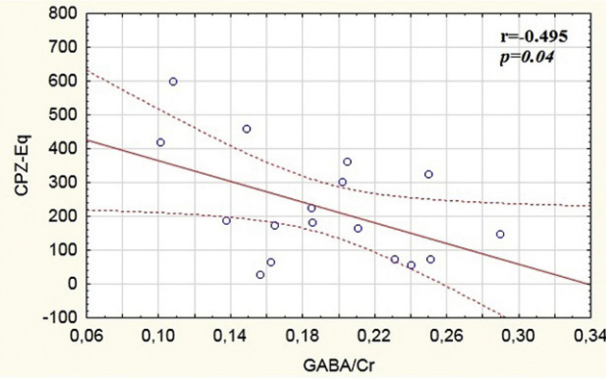

Fig. 3 Association between GABA/Cr and treatment.

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EW0706

Connectivity differences between bipolar disorder, unipolar depression and schizophrenia

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Introduction Diffusion tensor imaging (DTI) is used frequently to explore white matter tract morphology and connectivity in psychiatric disorders. Connectivity alterations were previously reported for bipolar disorder, unipolar depression and schizophrenia. However, there is limited data on how these disorders differ from one another in terms of connectivity.
Aims In this study, we aimed to explore connectivity differences between these disorders.
Methods We analyzed DTI data of 37 patients with schizophrenia, 41 patients with bipolar disorder and 46 patients with unipolar depression. Group analyses were performed for schizophrenia versus bipolar and bipolar versus unipolar contrasts with using age as a covariate.
Results Threshold corrected results showed that connectivity at internal capsule and corpus callosum were most distinctive between groups. For corpus callosum (splenium), unipolar group showed the highest connectivity and schizophrenia group showed the lowest connectivity (Fig. 1). For internal capsule, schizophrenia group had the highest connectivity and unipolar group had the lowest connectivity (Fig. 2). Bipolar group had intermediate values for both tracts.
Conclusions These results indicate that connectivity analysis may be helpful for differentiating psychiatric disorders.

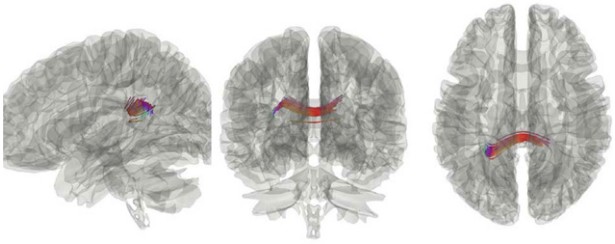

Fig. 1

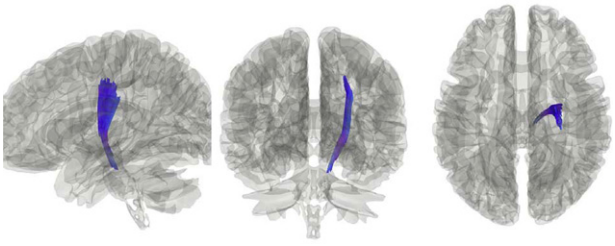

Fig. 2

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EW0707

Time-frequency analysis of EEG recorded during unconscious expectation of angry vs. neutral faces in patients with major depression and healthy controls

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Introduction The knowledge on brain mechanisms of psychopathology can be very useful for the diagnosis and treatment of patients.
Objectives Patients with major depressive disorder (MDD) show attention bias to the negative emotional stimuli. Automatic (unconscious) emotional processing in such patients may become a prospective biomarker for depression.
Aims We aimed at studying the EEG-correlates of unconscious expectation of angry human faces in MDD patients compared to healthy controls.
Methods 128-channel EEG was recorded in MDD (23 females and 7 males) and in healthy volunteers (22 females and 8 males) while they categorized pictures as humans or animals. Half of the pictures were neutral and half were showing the faces of angry humans or animals. The pictures were preceded by cues (one for each category), which meaning was not explained to the participants. We