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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2127

FV1143

Hypergraphia: Illustrating clinical pictures

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Introduction Hypergraphia is an extensive writing tendency sometimes coupled with hyperreliogiosity and atypical sexuality, completing a syndrome described by Waxman and Geschwind in 1975 during interictal phases of patients with temporal lobe epilepsy. Nevertheless, it may arise from any temporolimbic lesion, usually in the right hemisphere, in contrast to the schizophreniform psychosis more often seen in left-sided lesions.

Objective A review on the lateralizing significance of temporolimbic lesions, highlighting the (un)specificity of hypergraphia, after a case report concerning a patient with both hypergraphia and schizophreniform psychosis.

Methods Analyse patient's clinical records and PubMed review, using hypergraphia, epilepsy and psychosis as keywords.

Results We report a 74-year-old male admitted due to aggressiveness. The patient had a traumatic brain injury in his 20s with secondary left temporal epilepsy. He lived in a psychiatric asylum, for almost 40 years, with the diagnosis of schizophrenia, showing fluctuant atypical sexual behavior. After being transinstitutionalized to community nursing-home he developed meningoencephalitis, leading to medication change and behavior relapse. He showed viscosity, circumstantiality, soliloquy, euthymic mood and normal cognition. He wrote profusely, e.g. lists of various categories and letters to eminent clerics and politics. His diary was scanned for illustrative purpose.

Conclusions Hypergraphia is an uncommon but easy to find symptom that deserves the full attention of the clinician, especially in the differential diagnosis between schizophreniform psychosis and temporal epilepsy.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2128

EV1144

Schizencephaly and psychosis: A case report

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Introduction Schizencephaly is a rare malformation of the central nervous system, a congenital disorder of cerebral cortical development resulting in the formation of abnormal unilateral or bilateral clefts in the cerebral hemispheres that extends from the pial surface to the ventricle. It often manifests with partial seizures, mental retardation and hemiparesis.

Objective To illustrate a rare case of association between psychosis and schizencephaly and the implication of this association for understanding the biology of the psychosis.

Methods A literature search was performed on PubMed database using the key words schizencephaly, psychosis, brain diseases and retrieved papers were selected according to their relevance. The patient clinical record was reviewed.

Results The authors report a case of a 59-year-old male admitted into a psychiatric hospital with insomnia, disorganized behavior probably secondary to auditory hallucinations and mystic delusions. He also reported epilepsy and strabismus in his right eye since his childhood and right facial paresis. A head CT scan revealed a

left deep cortico-ventricular parieto-occipital communication corresponding to schizencephaly.

Conclusions Considering the theory that schizophrenia is associated with abnormal brain development, this case report may provide an example of a neurodevelopment abnormality that manifests as psychosis.

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

http://dx.doi.org/10.1016/j.eurpsv.2016.01.2129

EV1145

The evolution of emotional intelligence in schizophrenia: A comparative study of two groups at different times of the disorder

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Introduction People with schizophrenia show changes in the skills related to emotional intelligence, but little is known about the clinical course of these deficits. Few studies have examined the evolution of emotional intelligence in schizophrenia patients.

Objective To increase knowledge about emotional intelligence deficits in schizophrenia and to study its clinical course and factors related, with particular interest in neurocognitive deficits.

Aims To compare emotional intelligence and other clinical and neurocognitive data in patients with schizophrenia in a different moment of evolution.

Methods Twenty-five patients with schizophrenia for up to 5 years of evolution were compared to 24 patients with schizophrenia for more than 5 years of evolution. The assessment protocol consisted of a questionnaire on socio-demographic and clinical-care data, and a battery of assessment scales, including MSCEIT for emotional intelligence.

Results Both groups show a deterioration of emotional intelligence. Schizophrenia patients over 5 years of evolution have worse performance in emotional intelligence test that schizophrenic lower evolution. In the schizophrenia group of up to 5 years of evolution, none variables correlate with emotional intelligence. In the schizophrenia group of more than 5 years of evolution, there were moderate negative correlations with the severity of symptoms and depressive symptoms, and moderate correlation of positive sign with functionality, but none of the neurocognitive assessment scales.

Conclusions There are arguments for the existence of a progressive deterioration of emotional intelligence in schizophrenia. This deficit in emotional intelligence in schizophrenia appears to be present from the first years of the disease.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2130

EV1147

Integrated treatment in schizophrenia: A psychodynamic approach

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