

determine the formation of specific experience IDPs. The most common are psychogenic depression, anxiety and somatoform disorders.

**Methods** We had observed 60 IDPs aged 18 to 80 years: medical history, current complaints and mental state.

**Results** We allocated 3 groups: persons of retirement age with severe chronic physical illness or disability on physical illness (1 group); persons with disabilities to mental disease (group 2) and persons without chronic diseases or disability (relatively healthy, caring for the sick) (group 3). Group 1 patients have anxiety (51.4%) and depression (42.8%) syndromes; 25.7% of subjects showed suicidal thoughts and intentions; 25.7% have some PTSD symptoms, including avoidance, overexcited, emotional numbness, pointing to adjustment disorder. In group 2 patients, changes were not found in mental state. Despite traumatic events delusional story does not change, recurrence and relapse rating was stable. In some cases, patients begin to abuse alcohol. In 3 group 31.3% persons experienced depression, 25%-anxiety symptoms, combined with a severe somatic symptoms; 12.5% showed suicidal thoughts; in 18.7% were diagnosed adjustment disorders. So among IDPs the individuals with severe medical conditions are most vulnerable population in the formation of stress-related and neurotic disorders.

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#### EV0280

### Psychological distress following spinal cord injury

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**Introduction** There is limited data on psychological burden following spinal cord injury (SCI) in Singapore.

**Aims** (1) To describe the prevalence of depression and anxiety at admission for inpatient rehabilitation and (2) describe the baseline characteristics that predict the development of anxiety or depression in patients following SCI.

**Methodology** We retrospectively reviewed medical records of SCI patients at admission from 01-06-2013 to 31-12-2015. The Hospital Anxiety and Depression Scale (HADS), ASIA score and demographics were collated.

**Results** A total of 157 subjects were included, 62.4% ( $n=98$ ) were male with a mean age of 56.7 years. 43.4% ( $n=68$ ) had a traumatic SCI with 73.9% ( $n=116$ ) having had spinal surgery. The average length of stay was 46.6 days with most discharged to their own homes. Ten subjects screened positive for anxiety (6.4%) and 16 for depression (10.2%). 13.4% ( $n=21$ ) screened positive for anxiety and/or depression. Two third ( $n=95$ ) had injuries at the cervical level and 14% ( $n=22$ ) scored ASIA A/B. 45.9% ( $n=72$ ) was referred to the psychologist. A significantly higher proportion of subjects ( $P<0.05$ ) who screened positive had a past psychiatric history, were prescribed antidepressants at admission and during rehabilitation. Significant differences were noted in primary caregiver (nursing home vs. others) following discharge when comparing those that screened positive vs. negative however there were no significant differences between baseline demographics, neurological level and ASIA score.

**Conclusion** Psychological burden following SCI is significant. Standardized screening and psychological support is warranted with special attention to those with a past psychiatric history.

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

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#### EV0281

### Delirium: “The out of the track” of physicians

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**Introduction** Delirium is an acute clinical syndrome with diverse and multi-factorial etiologies. It has high prevalence in hospitalized patients and it is associated with serious adverse outcomes, increasing morbidity and mortality. Delirium requires a differential diagnosis with a wide range of mental disorders.

**Aim** To evaluate cases referred to liaison psychiatry in Hospital José Joaquim Fernandes, in regard to the frequency, cause and misdiagnoses of delirium.

**Methods** A retrospective analysis of liaison psychiatric referral from January to August 2016.

**Results** The overall referral consisted of a total of 111 cases. Delirium was the second most frequent referral (21.6%), after depression. Half of patients had an advanced age (71–90 years). A total of 44.8% of patients with delirium were misdiagnosed and the referral causes were “depression”, “dementia”, “aggressive behavior”, “agitation” and “schizophrenic psychosis”. The majority of patients were referred by internal medicine. The most frequent underlying conditions were: postoperative (27.6%), respiratory diseases (24.1%) and sepsis (17.2%).

**Discussion/conclusion** Delirium is one of the most frequent diagnoses in liaison psychiatry. This study supports the statement that delirium is often not recognized and that is misdiagnosed as a primary psychiatric illness, mainly, dementia or mood disorder. Although delirium is classified in ICD-10 as a psychiatric diagnosis and clinically manifests with a wide range of neuropsychiatric abnormalities, it is secondary to a medical/surgical disorder that requires urgent approach by the respective specialty.

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#### EV0282

### Postictal psychosis – A complex challenge

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**Introduction** Patients with epilepsy have 6–12 times higher risk of suffering from psychosis, with a prevalence of about 7–8%, and the coexistence of these two conditions is associated with increased morbidity and mortality. The psychosis of epilepsy is generally split into two groups: interictal psychoses and postictal psychosis (PIP), and the latter has been estimated to represent 25% of all types. However, many of these episodes remain under-recognized and/or are often misdiagnosed.

**Objectives** To provide an overview of PIP.

**Methods** Literature review based on PubMed/Medline, using the keywords “epilepsy” and “psychosis”.

**Results** PIP has been recognized since the 19th century, when Esquirol described postictal “fury”. Although its etiology and pathogenesis remain poorly understood, several risk factors and etiopathogenic mechanisms have been suggested and analysed. An essential step in PIP management is its accurate and early diagnosis. Generally, before the onset of PIP there is a lucid period of one