

EV0855

Protagonist-patient and servant-doctor: A medicine for the sick doctor-patient relationship

I. Ferraz*, A. Guedes

Clinica Veritas, Ambulatorio, Curitiba, Brazil

* Corresponding author.

The doctor-patient relationship (DPR) is very ill; it is in need of emergency assistance. Although there have been change in this relationship, no current model is satisfying. In 1972, Robert Veatch defined some models of DPR. Likewise, Pierloot, in 1983, and Balint, in 1975 and ultimately, Mead and Bower, 2000 with the model of Person-center-care (PCC) medicine.

Objective Evaluate the different kinds of DPR described in the literature and propose an abduction-based model of the Servant DPR, in which patients are protagonists in their treatment.

Methods Pubmed literature review of the last forty years with the keyword 'physician-patient relations'.

Discussion While nursing care advanced in its professional efficacy through Watson's human care and through the leader servant model, the DPR models demonstrated that the doctors are lost in their posture, even feeling as abused heroes. Models that include the patient in decision-making and that value the patient as a person (PCC) promise a revolution in the medical realm. Nevertheless, the PCC model is not enough to heal the DPR itself, because the role of the doctor must be changed to adapt to the relationship, otherwise, the PCC by itself can increase the burden upon the doctor. Doctors with a role of remunerated servant (not slave), like any other professional who delivers a service with excellence, focusing in the main actor, the patient, can heal the DPR.

Conclusion The Servant DPR gives a positive counter transference, increasing the doctor's motivation and giving him back the sense of purpose in medicine, increasing the health system's effectiveness.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1185>

EV0856

Asenapine in the treatment of trichotillomania with comorbid bipolar disorder: A case report

B. Francis*, S.T. Jambunathan, J.S. Gill

University Malaya, Department of Psychological Medicine, Kuala Lumpur, Malaysia

* Corresponding author.

Trichotillomania has been found to be associated with mood disorders, particularly bipolar disorder. Trichotillomania has shared similarities with bipolar disorder by virtue of phenomenology, co-morbidity, and psychopharmacologic observations. In the past, trichotillomania with comorbid bipolar disorder was treated with lithium and sodium valproate. There has been little, if any, literature on using asenapine to augment treatment in patients with trichotillomania with comorbid bipolar disorder. A patient presented with hair-pulling episodes for a year, resulting in bald scalp patches. She had no mood symptoms prior to this. She developed low mood, anhedonia, poor sleep and poor appetite subsequently as she could not stop pulling her hair. She was started on escitalopram 10 mg daily for her depressive symptoms. Three years later, she developed hypomanic symptoms such as irritability and spending sprees. Her hair pulling behaviour worsened at this time. At this point, a diagnosis of bipolar disorder type 2 was considered and she was started on lithium 300 mg daily. Her escitalopram was discontinued. As her mood was still labile 10 months later, asenapine was added to augment lithium in the treatment of the bipolar disorder. With asenapine, her hair pulling frequency started to decrease rapidly.

Asenapine was increased to 10 mg daily and her hair pulling ceased. Her mood also stabilized and she no longer had erratic periods of mood lability. In conclusion, asenapine augmentation of lithium has potential to be used in patients who have trichotillomania with comorbid bipolar disorder due to its unique receptor profile.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1186>

EV0857

A case for considering differences between organic and psychogenic amnesia

R. García López*, J.M. Gota Garcés, J. García Jiménez, J.E. Muñoz Negro, L. Gutiérrez-Rojas

Complejo Hospitalario Universitario de Granada, Mental Health, Granada, Spain

* Corresponding author.

Introduction Medical record, general examination, laboratory findings, neuropsychological interview and multidisciplinary consideration are essential to establish differential diagnosis and correct approach in amnesic episodes.

Aim To describe differences between organic and psychogenic anterograde amnesia.

Methods Single case report and literature review.

Results A 51-year-old man with only diagnosis of DM I, single, a good relationship with his family, without any personal or familiar psychiatric or neurological history, came to the hospital emergency department brought by his sisters referring disorientation, acute memory loss and mood changes, prevailing indifference to the situation for the last three days. After general exploration, including psychopathological examination and higher brain functions study, we arrived to the conclusion that the patient suffered from anterograde short-term severe amnesia as the only symptom, with evident conservation of autobiographic memory. The family referred as a possible stressor factor his mother's recent transfer to a different city, which had caused constant repeated questions about her location. Given the questionable presentation and trigger we shared the case with the neurologist, who ordered an array of tests to rule out any organic cause (LP, CT, MRI...), obtaining as a final result a diagnosis of limbic encephalitis, treated and effectively solved in two weeks with high-dose glucocorticoids.

Conclusion Certain features of the symptoms exploration in amnesic episodes such as reiterative questioning about a specific topic, a non-modified autobiography or the absence of a clear traumatic precipitant factor, are essential for a correct approach and may lead the clinic to an organic evaluation.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1187>

EV0858

Mental flexibility and problem solving in adult patients who present non-suicidal self-injury

A.K. Garreto*, J. Giusti, M. Oliveira, H. Tavares, D. Rossini, S. Scivoletto

University of São Paulo School of Medicine, Department and Institute of Psychiatry, São Paulo, Brazil

* Corresponding author.

Introduction Non-Suicidal Self-Injury (NSSI) is considered a dysfunctional way of dealing with problem situations.

Objective This study aimed to investigate the problem solving capacity in adults with NSSI compared to controls.