

**Introduction:** How traditional cultural healing works is difficult for biomedical science to understand. Outcomes do occur that defy the conventional logic of materialistic, reductionistic cause-and-effect.

**Objectives:** We aimed to understand how participants understood what happens in traditional cultural healing.

**Methods:** We identified 26 cases of results in which improvement occurred beyond what biomedicine would expect from a placebo response. We interviewed the healers and their clients to understand their experience and how they saw what had happened.

**Results:** Seven cases involved resolution of cancer; 2 cases, musculoskeletal disorders; 9 cases of rheumatological disorders; 8, other disorders. Each person spoke about the importance of spiritual transformation and described such an experience. They spoke about an attitude of the cultural healer that involved what could best be translated as radical empathy coupled with non-judgmental listening without interpretation. Many of healers had been initiated into their healing roles via a life-threatening illness that resolved when an extra-ordinary being(s) (a spirit or god, or God) entered their life world and became an integral part of their being. This was also a common description given by the participants for what had happened. The healers often described themselves as a hollow bone, a conduit through which spiritual forces flow.

**Conclusions:** Traditional cultural healing remains important to psychiatry because it defies explanation in our usual paradigm. Spiritual transformation and radical empathy may be necessary, though not sufficient components. For the person who undergoes a profound spiritual transformation, extensive changes in self and world view may occur.

**Disclosure:** No significant relationships.

**Keywords:** radical empathy; cultural healing; indigenous North Americans; spiritual transformation

## EPV0239

### The forbidden fruit – the thin line between belief, religion, and severe psychopathology: A case report

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**Introduction:** Religious obsessions constitute an interesting component of the phenomenology of obsessive-compulsive disorder(OCD). Scrupulosity can be phenomenologically similar to other OCD subtypes but the ultimate feared consequence is religious or moral in nature.

**Objectives:** To develop a reflexion about religion, belief and its interaction with psychopathology, focusing on a clinical case.

**Methods:** Review of the clinical case and literature.

**Results:** 37-year-old female patient with 4 prior psychiatric admissions. Stable until May 2020. After a brief online relationship patient develops subsequent guilt, anxiety and obsessive images with religious/sexual content. Abruptly, on the day of admission to the ER, the patient eats garlic in penitence and self-flagellate. At inpatient-unit she presented in mutism and total oral refusal, needing nasogastric tube

for feeding and medication administration. She was medicated with diazepam and olanzapine, being added fluoxetine later on. In later interviews, a primordial idea based on the prevailing religious beliefs was found: “sex before marriage is a mortal sin”. This itself generated doubt “have I been forgiven” with compulsions of verification/purification (eg. repeated confession) and punishment, and this doubt almost reached a delirious character during the acute episode. Partial egodistonia, lived with suffering although with some continuity with her beliefs. At discharge patient showed insight for the unreality of this dyad, though the primary idea remained immovable.

**Conclusions:** Although the pharmacological approach managed to control the most disturbing symptoms presented by the patient, it’s worthwhile to review and to reflect on this report in a wider perspective, within in the light of the relevance to the clinical practice.

**Disclosure:** No significant relationships.

**Keywords:** Scrupulosity; Religion; obsessive–compulsive disorder; psychopathology

## EPV0240

### Erik Satie – a psychopathological approach

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**Introduction:** Éric Satie was a French classical music composer born in May of 1866. He composed several music pieces that did not fit the contemporaneous musical standard once he did not follow the orthodox rules of composition and harmonic expression.

**Objectives:** To analyse Erik Satie personality traits and possible psychopathological findings.

**Methods:** A narrative review was performed using Google Scholar database.

**Results:** His music, as it occurs in most musical composers, was said to translate his own personality and state of mind at the time. He was described as an eccentric with multiple descriptions demonstrating unstable and explosive personality traits of pride, determination, perfectionism and a hatred for convention that would put him near a Cluster A type of personality.

**Conclusions:** Although some authors conclude that Satie could be diagnosed with Asperger Syndrome I believe that his specificities represent more of personality traits than pathological findings.

**Disclosure:** No significant relationships.

**Keywords:** Erik Satie; Music; psychiatry; Personality

## Depressive disorders

### EPV0241

#### Psychotropic treatment in patients with arrhythmia: About a case

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**Introduction:** It is known the relationship between psychological problems and cardiovascular disease. Psychological alterations can cause cardiovascular diseases, and a cardiovascular event can trigger psychological alterations.

**Objectives:** The aim was to present a clinical case about a young man with cardiovascular alterations and depressive symptoms and to analyze the role played by cardiovascular drugs, psychoactive drugs, and their interactions.

**Methods:** We present the clinical case and search the relation between cardiovascular disease and depressive symptoms and treatment at scientific literature of last five years.

**Results:** A 38-year-old man comes to the emergency room with symptoms of palpitations, fatigue and shortness of breath for 2 weeks. An electrocardiogram is performed showing premature ventricular beats. The patient reports that he is sadder recently due to the loss of work, for which he is prescribed sertraline 50 mg daily and is referred to cardiology. No medical history or consumption of alcohol, tobacco or other toxins. The cardiologist requests ergometry, echocardiography, and Holter monitoring, resulting in all normal tests, with no evidence of ischemia. Bisoprolol 2.5 mg daily is prescribed and sertraline 50 mg daily is maintained. After two months, the patient reports feeling better in spirit. The control electrocardiogram is normal and the patient reports disappearance of palpitations. You are referred to your family doctor.

**Conclusions:** Elevation of cortisol, platelet hyperactivity, and alteration in heart rate variability were found in depressives. The SSRIs would be the ones of choice. Dual serotonin and noradrenaline reuptake inhibitors should be avoided. Other atypical drugs such as bupropion or trazodone should be considered.

**Disclosure:** No significant relationships.

**Keywords:** Depression; Psychotropic drugs; mental health and cardiovascular disease; arrhythmia

## EPV0243

### They are not real patients

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**Introduction:** Cognitive depressive disorder (or depressive pseudodementia) is a condition defined by functional impairment, similar to dementias or other neurodegenerative disorders, in the context of psychiatric patients. It is important to consider a differential diagnosis in patients with cognitive impairment.

**Objectives:** Presentation of a clinical case of a patient with depression with psychotic symptoms who presents cognitive impairment.

**Methods:** Bibliographic review of the differential diagnosis between cognitive depressive disorder and real dementia by searching for articles in PubMed.

**Results:** We present a 51-year-old woman, previously diagnosed with adjustment disorder (with mixed anxiety and depressed mood) and unspecific anxiety disorder, who was admitted to the hospital due to delusional ideation of harm and Capgras syndrome, ensuring that her relatives had been replaced and the rest of the patients were not real patients, but actors who conspired against her. The MRI (Magnetic Resonance Imaging) was strictly normal (tumors or acute injuries as stroke or hemorrhage were discarded), and a MoCA (Montreal Cognitive Assessment) test was performed to screen any cognitive impairments (obtaining a score of 19/30, with language fluency and abstraction particularly affected). It would be convenient to repeat the test when this episode and the psychotic symptoms are resolved or improved.

**Conclusions:** 1. Some patients may have cognitive impairment in the context of a mood disorder. 2. A differential diagnosis and follow-up of these patients should be performed to assess prognosis, reversibility and treatment. 3. Depressive cognitive impairment may precede the development and establishment of a dementia or neurodegenerative picture.

**Disclosure:** No significant relationships.

**Keywords:** Depressive pseudodementia; psychotic depression; cognitive impairment; cognitive depressive disorder

## EPV0244

### Hyperoxia in depression

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**Introduction:** Several studies of normobaric hyperoxia in some neurological conditions have demonstrated clinical benefits. Oxygen enriched air may increase oxygen pressure in brain tissue and have biochemical effects such as on brain erythropoietin gene expression, even in patients without lung disease.

**Objectives:** This pilot, randomized, double-blind study examined the efficacy of normobaric hyperoxia as a treatment for depression.

**Methods:** Fifty-five consenting patients aged 18-65 years with mild to moderate depression were included in the study. Participants underwent a psychiatric inclusion assessment and a clinical evaluation by a psychiatric nurse at baseline, 2 and 4 weeks after commencement of study intervention. Participants were randomly assigned to normobaric hyperoxia of 35% fraction of inspired oxygen or 21% fraction of inspired oxygen (room air), through a nasal tube, for 4 weeks, during the night. Patients were rated blindly using the Hamilton Rating Scale for Depression (HRSD); Clinical Global Impression (CGI) questionnaire; Sheehan Disability Scale (SDS).

**Results:** The present study showed a significant improvement in HRSD ( $p < 0.0001$ ), CGI ( $p < 0.01$ ) and in SDS ( $p < 0.05$ ) among patients with depression who were treated with oxygen-enriched air, as compared to patients who were treated with room air. In CGI, 69% of the patients who were treated with oxygen-enriched air improved compared to 23% patients who were treated with room air.

**Conclusions:** This small pilot study showed a beneficial effect of normobaric hyperoxia on some symptoms of depression.