

themselves based on where the neoplasm is localized. Therefore, psychiatrists should be more aware of the uncommon manifestation of the disorder as reported in this case. Consultation for differential diagnosis might also be necessary in such cases.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.593>

EV0264

Experimental intervention program in psychosomatic pathology

A. Coutinho*, D. Silva, I. Carvalho, R. Ribeiro Silva, L. Ribeiro
Centro hospitalar de Vila Nova de Gaia e Espinho/E.P.E, psychiatry
and mental health department, V.N. De Gaia, Portugal

* Corresponding author.

Introduction The work of Bion, developing the psychoanalytic theories of Freud and Klein on the origins of anxiety in childhood, includes the hypothesis of a protomental system as a matrix in the human organism in which physical and mental are at first undifferentiated. He defends that the continuing experience by the infant of parental containment of its anxieties, through a process of projection and introjection, develops its capacity for thinking about frustration rather than evading it. This conception was extended to psychosomatic illness, by the hypothesis that, without this experience, frustration may lead to basic assumption mentality and psychosomatic illness rather than emotions and thought.

Objectives This work aims to describe an experimental technique of group psychotherapy, inspired in Bion's principles combined with relaxation techniques, in the context of psychosomatic diseases.

Aims The authors pretend to identify improvement in clinical symptomatology, quality of life, identification and expression of emotions, in the group submitted to this method, compared to controls.

Methods It was performed a weekly group psychotherapeutic session and a weekly relaxation session (using Jacobson's method), along two months. The patients were randomly selected and submitted to psychological evaluation with scales and questionnaires, in the beginning and at the end of the study.

Results At the time of submission of this work, the results of the intervention were in analysis.

Conclusions This paper describes an experimental method of psychotherapeutic intervention in the field of psychosomatic disease, using a transdisciplinary perspective.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.594>

EV0265

Attention, vigilance and visuospatial function in hospitalized elderly medical patients—relationship to delirium syndromal status and motor subtype profile

C. Daly

Department of psychiatry, St. Lukes hospital, Kilkenny, Ireland

* Corresponding author.

Objective The early and efficacious detection of neurocognitive disorders poses a key diagnostic challenge. We examined how nine bedside cognitive tests perform across the spectrum of delirium and motor subtypes.

Methods The performance on a battery of nine bedside cognitive tests were compared in elderly medical inpatients with DSM-IV delirium, subsyndromal delirium, and no neurocognitive disorder and in different motor subtypes of patients with delirium.

Results One hundred and ninety-eight patients (mean age 79.14 ± 8.26) were assessed with no delirium ($n=43$), subsyndromal delirium ($n=45$), and full syndromal delirium ($n=110$). The ability to meaningfully engage with the tests varied from 59% for vigilance B test to 85% for Spatial Span forward test and was found to be least in the full syndromal delirium group. The no delirium group was distinguished from the delirium groups for all the tests and from the full syndromal delirium group for the vigilance B test and global visuospatial function test. The subsyndromal delirium group differed from the full syndromal delirium group in respect of global visuospatial function test, spatial span backwards and vigilance A tests. Patients with full syndromal delirium were best identified using the interlocking pentagons test and clock drawing test. The ability to engage with testing was higher for those in the no subtype group.

Conclusions Simple bedside tests of attention, vigilance, and visuospatial ability are useful to help to distinguish neurocognitive disorders namely subsyndromal delirium from other presentations.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.595>

EV0266

Relationship between borderline personality disorder and migraine

L. De Jonge^{1,*}, S. Petrykiv², J. Fennema³, M. Arts⁴

¹ Leonardo Scientific Research Institute, Geriatric Psychiatry, Bergen op Zoom, The Netherlands

² University of Groningen- University Medical Center Groningen, Department of Clinical Pharmacy and Pharmacology, Groningen, The Netherlands

³ GGZ Friesland, Geriatric Psychiatry, Leeuwarden, The Netherlands

⁴ University of Groningen- University Medical Center Groningen, Department of Old Age Psychiatry, Groningen, The Netherlands

* Corresponding author.

Introduction Borderline personality disorder (BPD) is characterized by pervasive instability in moods, impulsivity, intense and unstable or disturbed interpersonal relationships and self-image, and often self-destructive behaviour. BPD seems to be more common in patients suffering from migraine. However, typical migraine characteristics in this population remain partly unknown.

Objectives & aims To present the specific clinical characteristics of migraine patients with BPD and to assess their response to migraine treatment.

Methods We examined 10 patients with migraine and previously diagnosed with BPD (group 1), 10 patients with migraine and no history of BPD (group 2), and 10 patients with migraine and no history of BPD matched to group 1 for age, gender, and frequency of headache. Migraine was treated in group 1 and 3 and pharmacological treatment outcome was assessed after 6 months.

Results The group of migraine patients with coexisting PBD was associated with female gender, increased prevalence of medication overuse headache, higher rates of self-reported depression, increased migraine-related disability, and a decreased response to pharmacological migraine treatment.

Conclusion Patients with migraine and previously diagnosed BPD can be regarded as a distinct population. They are more suffering from depressive symptoms, more disabled by their migraine, are more resistant to pharmacological treatment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.596>