

Present days are characterized by increased level of various psychosomatic disorders among different populations in economically developing countries. Moreover every mental disease contains somatic symptoms and these symptoms may interfere in whole picture, change the diagnostic schedule. In case of mild disorders patient's reaction to somatic disease was mostly hysteric: exaggeration of pathological sensations, suggestibility and self-suggestibility. Whole picture of the neurosis was very colourful, dynamical, with instable pathological manifestations, intention to draw one's attention.

Transition to long-term variant of dynamics mental disorder was accompanied by concentration on the smallest somatic sensations, seeking benefit from a disease state, "flight into the illness", nosophilia. We identified prominent increase of hypochondriac symptoms in the group of patients with long course of dissociative disorders (33.4%) as compared with the group of acute and sub-acute course of the disorder (11.4%).

In patients with long course of dissociative disorders we observed accumulation of somatic pathology, in most cases one patient suffered from different somatic diseases. Increasing of rate of hypertension (31.33%) and different dishormonal disorders (37.5%) was the most prominent.

In psychological "portrait" of the patients with psychosomatic disorders we identified the great number of combinations of pathocharacterologic traits, creating the patient's "facade", complicating interactions and compliance with physicians and psychiatrists.

Interactions between features of mental disorders and somatic disorders, psychological stress appear to us to be rather close. Presence of the somatic process leads to chronification of the neuroses, "flight into the illness", decrease of dependence of clinical dynamics on psychogenics.

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#### EV0257

### Irreversible silent

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*Objectives* Lithium is a well-known substance used in treatment of mood disorders. It has a narrow therapeutic index with recognised adverse effects on renal and thyroid function. Clinical guidelines published by the national institute for health and clinical excellence in the United Kingdom (NICE) recommend renal and thyroid function checks before lithium is prescribed, as well as ongoing monitoring of renal function, thyroid function and serum lithium levels. Lithium-induced drug toxicity is frequently seen in clinical practice. While the ongoing monitoring serves to monitor reversible side effects of Lithium provided its discontinued, rarely patients develop a persistent neurological side effect known as a syndrome of irreversible lithium-effectuated neurotoxicity (SILENT).

*Method* This is a case report on a patient where the patient developed SILENT syndrome after being treated with Lithium, long term for bipolar disorder.

*Results* This case supports the biological mechanism of SILENT syndrome. It also caused a huge implication in the patient's care.

*Conclusions* As clinicians, we are well aware of following treatment guidelines for Lithium. This case report was written to raise awareness regarding a "SILENT" albeit significantly debilitating syndrome of Lithium use.

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#### EV0258

### The sofa is better than Freud

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When it comes to the therapeutic dialog between doctor and patient, psychiatrist or psychotherapist and user, there are several factors that are taken into consideration, though some of these aren't of a specific psychological model, they fulfill an important role both in the management of the relationship itself as well as in the care.

Their importance in the therapeutic relationship is such that a doctor or a therapist cannot simply manage them by "common sense", or follow his own propensity for dialogue: he must know them well and he needs a training on their own management with the same precision that is needed for the specific psychological model training.

Contrary to widespread belief we think that education on non-specific factors has to be desirable and that the ability to manage them can be implemented both by a deeper understanding as well as by dedicated training tools.

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#### EV0259

### Suspension of judgement: A tool for non-invasive therapeutic relationship

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We often refer to our ability to perceive the other mind as a gift of our experience that helps us in our work. But to use this insight as a guidance counselor in the treatment process is sometimes a harbinger of relational mistakes that affect the success of the treatment.

The specialist, psychiatrist or psychotherapist (but also other aid professionals), has to learn the process of the suspension of judgement "epochè", described in Jaspers' psychopathology.

To foster learning of "epochè" we developed some exercises that help the young therapist in training. We believe they are also particularly useful for the training of students who are undergoing specialized training to become psychiatrists.

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#### EV0260

### Neurosyphilis presenting with affective psychosis and Parkinsonism: A case report

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*Introduction* A 38-year-old gentleman was admitted to an inpatient psychiatric unit with a first episode of fluctuating affective psychosis. He initially presented as manic although subsequently evolved a severe depressive episode, with prominent bizarre, affect-incongruent delusions throughout this period. Upon admission, anisocoria was evident, although this was attributed to a past head injury. Over the course of his admission he developed emergent Parkinsonism, initially ascribed to prescription of aripiprazole. Given his anisocoria and worsening Parkinsonism, further investigation was undertaken. While his MRI brain scan was unremarkable, his serum and CSF specimens tested positive for

Treponema pallidum serology, and he was diagnosed with neurosyphilis. He was treated with a single dose of intramuscular penicillin, but experienced marked deterioration of neurological symptoms (paraparesis and truncal ataxia) and was transferred to the general hospital for an extended 14 day course of intravenous penicillin. Following this extended course of antibiotic therapy, resolution of neurological symptoms was seen, but no sustained improvement in residual psychotic symptoms has been seen.

**Conclusions** This case demonstrates the potential neuropsychiatric consequences of neurosyphilis, and serves as a reminder of its potential to imitate other psychiatric presentations. This gentleman, and many like him, continue to experience severe and enduring psychopathology despite penicillin treatment when cases are detected late. Given the potential consequences of this, we would advocate assertive screening for syphilis in patients admitted to psychiatric units.

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#### EV0261

### Liaison psychiatry—characterization of inpatients with psychiatric pathology in the infectiology service

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**Introduction** The interface of the Liaison Psychiatry with Infectiology is fundamental for the continuous and specialized support of these patients. Prevalent psychiatric records are known in the HIV infection, such as anxiety, depression and abuse and/or addiction to substances. There are also different neuropsychiatric situations associated with this infection owing, namely, to the HIV direct action on the central nervous system, to the adverse effect of the antiretroviral therapy and to the resurgence of existing prior pathology.

**Objective** The author intends to characterize the population evaluated in the Liaison psychiatry in the Coimbra university hospital with respect to inpatients of the Infectiology Service in a central hospital in order to optimize resources and better adjust interventions made.

**Methods and results** The quantitative retrospective study was carried out between May 2015 and May 2016, with a duration of one year, in the infectiology service of the Coimbra university hospital. Observation and evaluation of the inpatient of the infectiology service having in view the sample characterization in relation to demographic data, nature of the request, antiretroviral therapy, psychiatric diagnosis, type of intervention and follow-up. The quantitative data were subject to statistical analysis.

**Conclusion** The prevalence of the psychiatric disorders associated with HIV infection is high and with great emotional impact and implications in the personal, sexual, occupational and social life of the individual. The diagnosis and treatment of the psychiatric comorbidity is determinant in the patients' evolution, both in reducing suffering associated with experience of HIV infection and in its implications.

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#### EV0262

### From 'Big 4' to 'Big 5': A review and epidemiological study on the relationship between psychiatric disorders and World Health Organization preventable diseases

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**Introduction** Chronic diseases, such as heart disease, stroke, chronic respiratory diseases and diabetes, are by far the leading causes of mortality in the world, representing 60% of all deaths. However, chronic disease rarely exists in isolation. Nevertheless, study of chronic disease rarely takes into account comorbidity and virtually none examine their occurrence in populations.

**Objectives** and aims To review the association between psychiatric disorders and other medical comorbidities.

To study the association between psychiatric diseases and medical comorbidities on a population-scale.

To reconsider our approach to medical comorbidities.

**Methods** Using an informatics approach, a dataset containing physician billing data for 764 731 (46% male) individuals spanning sixteen fiscal years (1994–2009) in Calgary, Alberta, Canada was compiled permitting examination of the relationship between Physical Disorders and Mental Disorders, based on the International Classification of Diseases (ICD).

**Results** All major classes of ICD physical disorders had odd ratios with confidence intervals above the value of 1.0. Ranging from 1.47 (Injury poisoning) to Circulatory systems (3.82). More precisely, when a psychiatric disorder is present, the likelihood to develop one of the four preventable diseases is significantly increased: Stroke (4.27), Hypertension (3.34), Diabetes (2.66) and COPD (2.43).

**Conclusion** We postulate that psychiatric disorder should be included in the classification of preventable chronic diseases that have a profound impact on society. Developing a consistent and standardized approach to describe these features of disease has the potential to dramatically shift the format of both clinical practice and medical education.

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#### EV0263

### A rare type primary central nervous system lymphoma with primarily psychiatric diagnosis- a case report

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Primary central nervous system lymphoma (PCNSL) is a high-grade malignant B-cell non-Hodgkin neoplasm that is an infrequent variant of all intracranial neoplasms (1%) and all lymphomas (< 1%) PCNSL is documented mainly in immunocompromised patient groups, although it may also be diagnosed in immunocompetent patients. It affects mainly the eyes, supratentorial areas, or the spinal cord. The lesions are typically localized in frontal lobes, corpus callosum and basal ganglia. Additionally, lesions might rarely be detected at infratentorial areas and in medulla spinalis. Even though a wide spectrum of treatment options are available, such as chemotherapy, radiotherapy, or surgery; response rates are low and prognosis is poor in spite of appropriate treatment.

The case we reported here is 57-year-old male presented with symptoms of aggressivity, impulsivity, depressive mood and personality changes. Histopathological diagnosis was CD5 positive diffuse large B cell lymphoma, which is very rare in high-grade lymphomas. There were no neurological signs related to CNS tumor and the clinical manifestations responded very well to chemotherapy consisting of high dose methotrexate, vincristine and procarbazine. The significance of such neuropsychiatric symptoms in the course of treatment for PCNSL has been previously documented as well. These behavioral and emotional symptoms might manifest