

**Conclusions** The Psychiatric Day Hospital is an intensive treatment unit with a partial hospitalization system, which is distinguished by the variety of patients it is able to admit, as well as the clinical and management benefits the dynamic of these units can provide.

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

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#### EV1379

### Psychoses of epilepsy – “Acute attacks of insanity”. What literature says and how we act

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**Introduction** Patients with epilepsy seem particularly liable to certain major psychiatric disorders. Prevalence of schizophrenia within an epileptic population varies between 3% and 7% (1% in general population). The aetiology is possibly multifactorial (drugs and neurosurgery).

**Objectives** To study comorbidity between psychoses and epilepsy and management in the literature and in our patients.

**Aims** To analyze factors that might influence the onset of psychoses within an epileptic population and how this potential association could influence our practice.

**Methods** PubMed search was conducted with interest in psychoses of epilepsy, pharmacology, and comorbidity. Up to 10 variables related with factors influencing psychotic episodes that required hospital admission in three patients with epilepsy were studied.

**Results** Unlike published data, our patients did not have postictal psychoses. All cases had early onset temporal lobe epilepsy with no seizure activity since diagnosis (more than 20 years). No family history of either epilepsy or psychoses. Management included lamotrigine, oxcarbazepine, carbamazepine, zonisamide, and levetiracetam in conventional doses. The psychosis, which comprised affective, schizophrenic, and confusional elements, lasted longer and was more troublesome than psychosis in non-epileptic patients. Response to neuroleptics was poorer than in non-epileptic patients with psychoses. Consultation with Neurology Unit resulted in end of treatment with zonisamide and levetiracetam.

**Conclusions** Less than perfect evidence suggests the association between psychosis and epilepsy. In our patients, no postictal cases were recorded. Management showed poorer effect of neuroleptics when compared with non-epileptics, and zonisamide and levetiracetam were changed for other drugs with presumably lower association with psychoses.

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#### EV1382

### Neurosyphilis and early-onset major neurocognitive disorder – Case reports

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**Introduction** Neurosyphilis has been called “the great imitator” because of its atypical clinical presentation ranging from motor

dysfunctions to psychotic episodes to dementia. This, and the fact that it has become a rare disease, makes diagnosis challenging.

**Objective** This work will present three early onset Major Neurocognitive Disorder cases for which neurosyphilis was considered as a possible cause.

**Aims** In this presentation, we underline clinical characteristics that should raise the suspicion of neurosyphilis and the importance of an adequate diagnosis.

**Methods** The three patients presented as case-reports were admitted to an acute psychiatric ward, presenting with psychomotor agitation and aggression. The initial clinical evaluation (including the patient’s medical history) did not suggest the presence of syphilis. Subsequent blood-tests were performed, including RPR (Rapid Plasma Reagin) or VDRL (Venereal Disease Research Laboratory) which were positive in all three cases. Other tests were performed in order to confirm the presence of neurosyphilis.

**Results** All three patients had positive treponemal and nontreponemal test results. For only one of the three patients, imaging abnormalities of the brain were present. For two of the patients, a positive diagnosis of Major Neurocognitive Disorder due to neurosyphilis was established.

**Conclusions** Neurosyphilis can be a cause for Major Neurocognitive Disorder. The diagnosis of this pathology is important because cognitive function can be improved by adequate treatment.

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#### EV1383

### Criteria and concurrent validity of DIVA 2.0: A semi-structured diagnostic interview for adult ADHD

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**Introduction** Attention Deficit Hyperactivity Disorder (ADHD) prevalence in the general adult population is estimated to be between 2–4%. Despite the high prevalence, until recently there was only one validated semi-structured interview available for the accurate diagnostic assessment of ADHD within the adult population: the Conners Adult ADHD Diagnostic Interview for DSM-IV (CAADID).

**Objectives** To examine the concurrent validity of the DIVA 2.0 interview comparing the diagnostic rate with the CAADID interview. To analyse the criterion validity of the DIVA 2.0 in the Spanish language in an adult sample.

**Aims** The aim of this is to study to evaluate criterion validity of the DIVA 2.0 in an adult sample comparing with the CAADID and other ADHD severity scales.

**Methods** A transversal study was performed to check the criteria and concurrent validity of the DIVA 2.0 compared to the CAADID.

**Results** Forty patients were recruited in an adult ADHD program at a university hospital. The DIVA 2.0 interview showed a diagnostic accuracy of 100% when compared with the diagnoses obtained with the CAADID interview and good correlations with three self-reported rating scales: the WURS, the ADHD Rating Scale and Sheehan’s Dysfunction Inventory.

**Conclusions** The DIVA 2.0 has good psychometric properties and is a reliable tool for the assessment of ADHD in adults.

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