Methods Clinical and literature reviews.
Results (Case report) This poster presents the case of 92-year-old woman who lives alone with no family support who was brought to the emergency room due to a fall. Consequently, she was diagnosed with small cell lung carcinoma. Instead of the proposed short term rehab to receive radiotherapy, the patient insisted that she be discharged to her home. The psychosomatic team was consulted to evaluate the patient's capacity to make a decision regarding this form of treatment. The psychiatrist who evaluated the patient felt that she lacks capacity. However, palliative care felt strongly that patient's capacity should not be challenged, arguing that she has been living independently, doing well, and is agreeing to treatment.
Conclusion We will review the most updated guidelines on how to perform a capacity evaluation, how these guidelines are incorporated in residency curriculums, and whether residents from various specialties are being trained on evaluating decisional capacity. We will also explore optimal ways to educate primary care physicians on how to evaluate decisional capacity and when to seek psychiatrists' expertise for these evaluations.
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EV0302

Polydipsia and intermittent hyponatremia

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Introduction Hyponatraemia occurs in 4% of schizophrenic patients. Dilutional hyponatraemia, due to inappropriate retention of water and excretion of sodium, occurs with different psychotropic medications and could lead to hippocampal dysfunction. This complication is usually asymptomatic but can cause severe problems, as lethargy and confusion, difficult to diagnose in mentally ill patients.
Objectives To describe a case of a patient with psychotropic poli-therapy, admitted three times due to hyponatremia and the pharmacological changes that improved his condition.
Aims To broadcast the intermittent hyponatraemia and polydipsia (PIP), a not rare condition, suffered by treated schizophrenic patients and discuss its physiopathology and treatment thorough a case report.
Methods A 56-year schizophrenic male was admitted for presenting disorganized behavior, agitation, auditory hallucinations, disorientation, ataxia, vomits and urinary retention. He was on clomipramine, haloperidol and clotiapine (recently added), quetiapine, fluphenazine and clonazepam. After water restriction his symptoms improved and he was discharged. Twenty-five days later, he was readmitted for presenting the same symptoms and after water restriction, he was discharged. Five days later, he was again admitted and transferred to the psychiatric ward.
Results Haloperidol, fluphenazine and clomipramine were replaced by clozapine. These changes lead him to normalize the hypoosmolality and reduce his water-voracity. Endocrinology team did not label this episode of SIADH due to its borderline blood and urine parameters.
Conclusions Hyponatremia is frequent in schizophrenic patients and may have severe consequences. Therefore, a prompt recognition and treatment is warranted.
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EV0303

Clozapine induced diarrhea

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Introduction Clozapine (CZP) is the only antipsychotic approved for resistant schizophrenia 1. Due to its side effects, CZP is not the first therapeutic option in a psychotic episode. Its anticholinergic effects often cause constipation, however, diarrhea have also been described in literature.
Objectives We describe a patient with two episodes of severe diarrhea after clozapine initiation, which lead to CZP discontinuation.
Aims Discuss about the differential diagnosis of diarrhea in CZP patients and the needing of a further studies for clarify the more appropriate management in CZP induced diarrhea.
Methods We present a case report of a 46 years man diagnosed with schizoaffective disorder who presented two episodes of severe diarrhea with fever, which forced his transfer to internal medicine and UCI after CZP initiation.
Results At the first episode analytical, radiological and histological findings led to Crohn's disease diagnosis, which required budesonide and mesalazine treatment. In the second episode, the digestive team concluded that the episode was due to clozapine toxicity despite the controversial findings (clostridium toxin and Crohn's compatible biopsies)
Conclusions Diarrhea caused by CZP has been controversial in the literature. However due to the severity of digestive episodes and the paucity of alternative treatments further studies for a better understanding of its physiopathology are warranted.
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EV0304

The unnoticed interictal disphoric disorder

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Introduction Psychiatric morbidity in refractory epilepsy is frequent and has a negative influence on quality of life. Treatment-refractory epileptic patients are at higher risk of developing psychiatric disturbances. The interictal dysphoric disorder (IDD) has been described as a pleomorphic pattern of symptoms claimed to be typical of patients with epilepsy. It is characterized by 3/8 symptoms: depressive mood, anergia, pain, insomnia, fear, anxiety, irritability, and euphoric mood.
Objectives To provide evidence that psychiatric morbidity is high in refractory epilepsy and to describe associations to IDD.
Aims The present study aims to show that there are typical psychiatric conditions in epilepsy that can be unnoticed.
Methods We cross-sectional analyzed the psychopathologic outcomes of patients with refractory epilepsy. The assessments methods included SCID for DSM-IV and clinical interview for epileptic specific psychiatric conditions.
Results The sample consists of 153 patients, with a mean age of 37. A total of 42.5% were males. One or more Axis I diagnoses